West Hertfordshire Hospitals NHS
NHS Trust

TRUST BOARD MEETING
IN PUBLIC

Thursday 1 July 2004 at 09.30
Terrace Meeting Room, Watford General Hospital

AGENDA
Part 1

Opening remarks

55/04	Apologies		
56/04	Minutes of the meeting held on 4 March 2004		(Attached)
57/04	Matters Arising		
58/04	Chairwoman's announcements	Rosie Sanderson	

Business and Operations

59/04	Activity & Performance Report	Louise Gaffney	(Attached)
60/04	Emergency Care	Nigel Coomber	(Attached)
61/04	HR Quarterly Report (Q4)	Rob Allan	(Attached)
62/04	Finance & Capital	Vince Doherty	(Attached)
63/04	Final Accounts and Director's Statement	Vince Doherty	(Attached For noting)
64/04	'*Coming Home from Hospital*' Project Presentation (15 mins)	Lesley Lopez	(Attached)
65/04	Response to Discussion Phase on Childrens' Hospital services in West Herts	Louise Gaffney	(Attached)

Governance

66/04	Risk Management Report	Gary Etheridge	(Attached)
67/04	CHI Action Plan Report	Howard Borkett-Jones	(Attached)
68/04	Clinical Governance Report	Howard Borkett-Jones	(Attached)
69/04	Corporate Governance Strategy (for ratification)	David Law	(Attached)

Minutes for noting

70/04	Audit Committee 6.2.04	(Attached)
71/04	Charitable Funds Committee 6.2.04	(Attached)
72/04	Supply Board 17.12.03	(Attached)

73/04 **Any Other Business**

74/04 **Trust Board Meetings for 2004:**

09.30 Thursday 2 December 2004, Lynda Jackson Centre, Mount Vernon Hospital

AGM:Thursday 16 September 2004 – Watford Football Club

75/04 **Questions from the Public**

Exclusion of the press and public: The Trust Board will meet in closed session to consider confidential matters relating to individual patients, staff or commercially sensitive information.

West Hertfordshire Hospitals NHS
NHS Trust

TRUST BOARD
Minutes of Meeting held in Public

Gurney Lecture Theatre, Postgraduate Centre,
Hemel Hempstead General Hospital
09.00 Thursday 29 April 2004

PART 1

Present:	Rosie Sanderson	Chairwoman
	Ailsa Bernard	Non-Executive Director
	Robin Douglas	Non-Executive Director
	Said Namdarkhan	Non-Executive Director
	Martin Saunders	Non-Executive Director
	Jane Wright	Non-Executive Director
	Anthony McKeever	Interim Chief Executive
	Rob Allan	Director of Human Resources
	Howard Borkett-Jones	Medical Director
	Nigel Coomber	Director of Operations
	Vincent Doherty	Interim Finance Director
	Gary Etheridge	Director of Nursing, Midwifery & Quality
	David Law	Director of Service Planning
In Attendance:	Angela Lacey-Smith	Corporate Affairs Manager (Acting)

		Board Action
	OPENING REMARKS Rosie Sanderson welcomed members of the public, staff and representatives of other NHS organisations to the meeting. As a result of the Director of Planning being appointed as Interim Chief Executive, the Trust Board agreed that the Director HR should be given that voting right.	Agreed
29/04	**APOLOGIES –** None	
30/04	**MINUTES OF MEETING HELD 4 DECEMBER 2003** The Minutes were agreed as a correct record.	Noted
31/04	**MATTERS ARISING** **Page 2:** DoH Zero Tolerance Policy: It was confirmed that this policy related to abuse to members of staff. Initiatives were in place which related to other forms of abuse. The policy covered both physical and verbal abuse but the verbal abuse was in terms of threats. The Trust had policies in relation to 'whistle-blowing', grievance etc. **Page 8:** It was not known which Trusts had the potential 155 beds surplus.	Noted

32/04	**CHAIRWOMAN'S ANNOUNCEMENTS** **1. Chief Executive:** The Chairwoman advised that Anthony McKeever had been appointed Interim Chief Executive for the month of April, following the departure of Val Harrison on 31 March 2004. David Law had been appointed Chief Executive with effect from 1 May 2004 on an interim basis until such time as a permanent appointment was made. **2. CHKS Organisation:** The Trust had been awarded a Top Hospital Award, one of 40 to receive this. Representatives would be attending an awards ceremony to receive this. **3. New Appointments:** • Andrew Harrington, Deputy Director of Nursing, based at Watford General Hospital. • Mark O'Carroll, Contracts Manager, Capital Planning Team. • Wendy Docherty, Assistant Facilities Manager, based at Watford. **4. New Developments:** **'Going Digital':** The Trust Audiology Department had been accepted on the 4th wave of the NHS Modernising Hearing Aid Services program, a DoH funded project centring on improving patient services which also made the latest hearing aid technology available to West Herts area patients. WHHT would be fitting digital hearings aids by March 2005. **Opening of Dick Edmunds Stroke Unit**: This specifically-designed 6-bedded unit recently opened at Watford and is a major contribution to the development of stroke services at the hospital. All the specialist equipment was purchased with monies raised by the Dick Edmunds Stroke Appeal, and comprises state-of-the-art monitors, respiration, oxygen saturation, temperature and electrocardiogram equipment. Staff have been specially trained in the care and treatment of stroke patients. **Patient Power:** This was a new project to provide multilingual bedside TVs, and telephones. Contractors would commence on 1 May 2004 in Maternity, Watford following which the programme would be rolled out across Watford and Hemel, and also in-patient wards at St Albans. **Health Campus:** New proposals under IiYH for development work at Watford in partnership with Watford Football Club were currently being discussed. **Opening of SACH Creche**: This purpose-built facility had now opened, with priority being given to children of NHS staff. The Trust now had two full-time day nurseries based at Watford and St Albans and a further unit was planned for Hemel Hospital. **4. Congratulations** were extended to Sheila Jones, Deputy Radiology Services Manager, X-ray Department, Watford on being awarded the South East Region award as the radiographer who had contributed most to patient care by the Society of Radiographers.	

	5. Employee of the Month Awards **Staff Awards** Employees of the Month have been selected from each hospital site as part of the Trust's Staff Awards for Excellence programme, for which nominations are required for this year. **February 2004** • Hemel Hempstead: Pathology Gritters Team (who helped clear roads and push cars in the snow storm) • St. Albans: Englebert Enriquez, Day Surgery • Mount Vernon: Susan Alexander, Ward 11 • Watford: Jackie Smith, PA to Head of Nursing for Surgery **March 2004** • Hemel Hempstead: Pam Higgins, Radiographic Helper, X-Ray Department • St. Albans: Amanda Yeates, Administration Manager, Outpatients • Mount Vernon: Sue Forbes, Services Manager, Centre for Plastic, Reconstructive & Burns Surgery • Watford Sheila Gorton, Housekeeper, Aldenham Ward	
	BUSINESS & OPERATIONS	
33/04	**Performance Report** D Law provided summary to documentation circulated. • Clear information would be provided to the Board to understand at a glance the Trust's position on performance. • Further modifications would be made to the report to reflect discussions held with the Board. • The report reflected year-end data. • There were no patients waiting 9+ months for treatment. • 847 patients awaiting treatment 6+ months but the Trust was working to reduce this figure so that there would be no patients waiting 6+ months and no patients waiting 17+ weeks. D Law congratulated staff for their commitment within the organisation in achieving these figures despite increases in activity. **Cancer:** Performance had improved around 2-week cancer waits and by the end of this year 100% would be achieved for the first time, but this created other issues, notably capacity, which were being addressed. **Emergency performance** and difficulties experienced were being addressed, where considerable improvements had been achieved. March reflected a deterioration, and the ability to achieve 4-hour waiting time was compromised by a number of resource issues. The Trust achieved 82% of patients seen within 4 hours against a target of 90%.	

	DL advised that it was planned to take this information and similar data to open sessions with staff on all sites prior to Star Ratings being announced. A McKeever highlighted that these were impressive numbers and advised that an open letter had been issued to all staff on the Intranet offering his personal views on achievements. The only targets not being achieved were emergency care and finance, which could post a threat to the Trust's star rating. He added that star ratings did not reflect staff commitment and enthusiasm which was evident throughout the Trust, nor the expertise and standards of clinical care experienced by patients. The Trust should be justifiably proud of what it was doing. Involvement of clinicians in the management of the Trust had been a key element in ensuring sustainability, which needed to be maintained. R Kennett, NED, BHAPS raised two points: - The impact to the patient in relation to not achieving target should not be under-estimated. - BHAPS did not figure in information provided and he would wish to see 15-minute turnaround data included. A McKeever confirmed that the Trusts should continue to work together and paid tribute to the work undertaken by BHAPS at executive level in working with the acute Trust in recent weeks. This was an area where there had been significant improvements. Z Bullmore suggested that the underlying problem for both Trusts was the lack of capacity and staff in West Herts. The Board noted the report.	DL Noted
34/04	**Emergency Care** An updated appendix to Board papers was circulated, and a summary was provided by N Coomber. • Much of the improvement was due to the hard work of Trust staff over the past few months, and commitment and dedication demonstrated to improve patient care. • Increases in workload continued as shown in patient attendance figures. • The number of patients seen, treated and discharged from A&E had improved despite increased workloads. • In the previous week 91.3% of patients had been seen and treated within 4 hours. • Joint working with partners had been essential in delivering these services across the organisation. • An operational group had been established. • An early success in this had been the jointly-owned Escalation Policy, which would be implemented at times of pressure.	

	• Engagement of clinical staff had been a key element in leading change. • A very significant operational move was the introduction of EDMs (Expediting Discharge Meetings) which had been established to meet regularly three times per week to review situations in relation to individual patients remaining in hospital 15 days or more. • The average length of stay was much shorter than this. • Bed capacity had been highlighted at the last Board meeting for which the solutions was not just around opening more beds. • More beds had been made available in RAU, with more coming on stream in Hanover Ward in August. • Ways of changing work patterns to ensure beds could be made available more readily, notably in RAU were being investigated. • An important change at WGH was the change of a surgical ward to a medical ward, which was already having an impact. R Douglas highlighted the need to move from Stage 1 (handling the initial stages of progress by managers) to Stage 2 (embedding of this where clinicians take this on, describing the way they would wish to work). Concerns were raised around GPs who may opt out of the out-of-hours initiative and the impact on the Trust. It was confirmed that primary care were still working on this. R Kennett advised that the ambulance Trust was taking responsibility for a more stringent approach around reforming emergency care which would provide a lasting and less painful experience in achieving targets. At SHA level and elsewhere emergency care in the context of IiYH needed to be more mainstream. D Law responded that: - the impetus created over the past few weeks had resulted in improvements in performance, which needed to be sustained. - Joint working through the Task Force needed to be sustained with clinical engagement, particularly at primary and secondary care levels. The need to avoid bed blocks in RAU and MAU, as had occurred in the past, needed to be avoided. Reliance would be placed on clinical staff to maintain this with support provided. The Trust had yet to see the benefit of improvements in intermediate care, which would assist in reducing delayed discharges. It was noted that the Government would be providing £100K as a bonus to any Trust achieving A&E targets. The Board noted the report.	Noted
35/04	**Finance and Capital** Thanks were due to the Finance Department staff in enabling the year-end report to be made available to the Trust Board. It was noted that the report had not been audited.	

	Clarification on information contained in the report was provided in a supplementary paper circulated. • The Trust had achieved a break-even position, but was reporting a small deficit on expenditure. • The Trust had received additional income of £4.1m in March, facilitated through the health economy. • It was confirmed that the £300K deficit was within the acceptable tolerance limits set. • This would not affect star rating. • The second target was to remain within capital resources limits. The Trust had underspent but the NHS Bank had now changed its policy and this amount could be carried forward to the new financial year. The Capital Plan would be adjusted to reflect this. • Cash management targets had been achieved. There was a target around payment policy in which the Trust needed to ensure that 95% of bills were paid in 90 days. The Trust had achieved 92%, and should also achieve 2004/05 targets. V Doherty provided clarification on tables and figures quoted in the report, and summarised that the Trust had: • Achieved break-even within the tolerance set by the DoH • Achieved CRL (Capital) • Achieved EFL • Achieved all key performance indicators for star rating subject to audit, which would be completed by the end of June. A satisfactory year-end position had therefore been achieved. It was confirmed that within West Herts approximately £900K had been forthcoming from PCTs, the remainder coming from other PCTs within the health economy. Clarification was provided on how the £4.1m had been provided to the Trust to achieve break-even. For 2004/05 West Herts Quadrant needed to recognise that there was a shortfall of £4.1m which needed to be managed. A plan was required on how together the shortfall within the West Herts Quadrant would be managed, and this formed part of the remit of the Financial Recovery Board. Regarding the £7m gap, the significant change between 2004/05 and other years was that it was now recognised as a West Herts issue. Trusts were working in partnership in order to produce a sustainable financial plan for both the Trust and PCTs but it was highlighted that there would be some difficult decisions to be made both for the next year and in the future. A process needed to be linked with the impacts identified through systems within the organisation and the health economy. An understanding of linkages and the whole financial plan across the West Herts Quadrant was required to enable Trusts to achieve targets and sustain these. V Doherty confirmed that budget income for West Herts could be broken down and that this would be provided in future reports. The Finance Director (Acting) and his staff were thanked for their hard work.	VD

	D Law provided summary in response to a request for an update on LINACS. The case for re-providing Burns & Plastics was based on a lease arrangement for a modular facility, for which funding would come in the form of a loan which would be repaid as a lease. The issue would be the PCTs' ability to support this, for which discussions were currently underway. The revenue had yet to be confirmed but the service could not be sustained in the current premises, and dramatic improvements were required to the service. D Reid, NED, W3R highlighted that staff were working in very difficult conditions and congratulated the Trust on efforts in achieving the 4-hour waiting times performance. He also highlighted the joint working relationships with PCTs, SHA and the acute Trusts, adding that more recognition was required the Trusts were working together. In response to a query raised regarding the 11% increase in A&E activity in relation to W3R, it was suggested that patients were coming in because there were no other alternative arrangements, but this did not mean they necessarily required acute hospital care. The Task Force had been targeting the process of admissions but further work was required in providing necessary care for the elderly, to which the Trust was committed to resolving as part of the health economy. The report was noted.	Noted
36/04	***'Your Clinical Voice'*** A summary and presentation was provided by Dr Sarah Hill, Consultant Pathologist: • The paper was a result of consultation and debate • The Trust had recently appointed a Deputy Medical Director and 3 Associate Medical Directors to support the Medical Director. • 5 Divisional Directors had been appointed each responsible for a Division (Acute Medical Care, Surgery, Women & Neonatal, Clinical Support and Cancer). • Freeing up of clinical time would be required for these consultants to take on these additional roles. • A Medical Executive was being formed, members of whom would be selected from the Clinical Forum, which would report to the Trust Board and the Executive Team,. • Investment in development of managers would be required. • Significant support would be required (non, clinical, administration etc). • A reward structure would need to be put in place and the need to make the job attractive. • Succession planning would be required. Clarification was provided on how representation would be made at discussions and debates. Integration of high level managers both clinical and non-clinical, had been key in producing this document. A lot of people involved from disparate areas, all of whom needed to be represented but there was a need to be conscious about the need for high-quality representation throughout the structure.	

	It was recommended that both clinicians and the Trust Board should support the new structure. The process provided a vehicle to move the Trust forward in securing clinical engagement, particularly in the decision-making process. Relationships to the Board function where the total work of the organisation could be shared was required e.g. new targets, new patterns, new culture etc). The proposal was welcomed although it was recognised that it would almost certainly need to be refined. It was noted that support had been gained across the organisation for this proposal to progress where clinicians involved had welcomed the opportunity to participate in clinical engagement, and the intimations made at the last Trust Board meeting requesting more clinical debate. A request was made to put names to titles in the charts contained within the paper. D Law summarised that the structures would almost certainly need to be reviewed; the role of the Divisional Management Team required a clear relationship to other parts of the organisation; work would be undertaken with colleagues throughout the organisation to plan through where decisions were lodged and how these were endorsed. D Law thanked Louise Gaffney and Anthony McKeever for their hard work, which was endorsed by the Chairwoman. In response to concerns raised around consultant time and patient care, A McKeever advised that provision would be made within Job Plans and clinicians were prepared to adjust their timetables to cover commitments. In addition, if the Trust needed to reinforce clinical work, then a further clinician should be appointed. In response to concerns raised regarding 3-year appointments (as outlined in the paper), Sarah Hill explained that it was important to recognise a manager, and develop and support that individual appropriately. The Chairwoman thanked Sarah Hill, Tony Divers and others involved in the preparation of the paper and also the suggestion that PEC Chairs should be involved. The Trust Board endorsed the proposal.	LG/SH LG/SH Noted
37/04	**HR Quarterly Report** R Allan provided summary to papers circulated. • Overall, numbers of employees continued to rise within the Trust. • Recruitment continued to improver and labour turnover continued to decline across the Trust, notably in nursing and midwifery where there had been significant problems in recent years. • The last quarter had shown further improvements in recruitment – four radiographers at MVH, and 10 midwives. • Following the appointment of a new Head of Midwifery, there had been a noticeable improvement in staff morale and maternity services.	

	• Sickness levels had stayed reasonably constant. • Credit was attributable to both managers and staff that sickness levels had not increased, which was not the case in some other Trusts. • It was to be hoped that with some of the recent positive interventions, notably high investment (£0.25m on manual handling equipment and £100K on manual handling training), absence attributable to injuries and strains whilst at work should reduce. G Etheridge highlighted that a 'Celebration of Success' event was to be held and added that a National Practice Development Forum had been held within the Trust which it was hoped would be used as one of the good examples of 'Excellence in Care'. It was suggested that a major recruitment drive be considered to reduce the number of nursing and midwifery vacancies. R Allan provided explanation on the recruitment process in relation to nursing and midwifery and how any approaches to the Trust were followed through in attempts to attract staff. D Law advised, in response to a question raised on the return of full maternity services to HHGH that the strategic direction, as part of IiYH was to have the type of model now in West Herts supported by a Low Risk Unit. No formal consultation had yet taken place and there were still issues around SCBU staff where there were staff shortages. AT this stage, the Trust would not be in a position to restore this service to Hemel and discussion would be required with both PCTs and the SHA on direction for the future.	
	GOVERNANCE	
38/04	**Clinical Governance Interim Report** H Borkett-Jones provided summary to report. The Trust had received confirmation of an enhancement of R&D funding which reflected the excellent research governance work taking place. A condition of this funding was that issues of probity around research programme were addressed. This had been demonstrated and an enhancement of approximately 7-8% on current funding would be made available. During the CNST assessment the Trust had been required to produce an audit of documentation and note-keeping within the Trust. The practice of note-keeping audited demonstrated that it was at a level over and above the standard required. It was noted that a full Clinical Governance report would be made available to the July Trust Board. The interim report was noted.	Noted

39/04	**O&G Stakeholder Report** • The report had been received by the SHA in their March meeting. • The report summarised the work of the stakeholder group which reviewed action of the Trust in light of recommendations of the external independent review of Women's Services in 2001/02 in relation to a particular series of complaints on two former consultants. • The brief sought to review what was happening in the Trust and whether confidence had been restored to Women's Services. • Section 8 set out the reasons why this had been restored. • The Trust had been encouraged by comments received. In response to a query raised on possible lack of junior doctors, H Borkett-Jones advised that an upgrade on the level of supervision was being explored. The report had set out the various mechanisms in place for assessing the ability of the Trust as a training organisation, all of which were in place to ensure that the standard of care by intermediate grade staff was as high as it could be. In response to concerns raised regarding ectopic pregnancies, it was agreed this would be discussed outside the meeting. The suggestion was made that this should be used as a very powerful case study in relation to clinical and management development within the Trust. It was suggested that the names of counsellors should be made public, and that the Complaints Procedure should be such that people could be able to make complaints more freely. G Etheridge advised that Bereavement Counsellors were available at both Watford and Hemel Hospitals and this service was widely publicised. The Report was noted.	HB-J/AB Noted
	MINUTES FOR NOTING - None	
40/04	**ANY OTHER BUSINESS -** None	
41/04	**DATES OF FUTURE PUBLIC TRUST BOARD MEETINGS** 0930 Thursday 1 July 2004 Terrace Meeting Room, Watford General Hospital 0930 Thursday 2 December 2004 Lynda Jackson Centre, Mount Vernon Hospital	
42/04	**QUESTIONS FROM THE PUBLIC** *B Harris: Do the Bed Managers feel less stressed now?* A McKeever: Anyone taking on the challenges of bed management is taking on a very difficult task but positive feedback had been received from Bed Managers at the recent workshops.	

	Z Bullmore: Was the Board aware that the Luton & Dunstable application for Foundation status showed that Hemel Hempstsead was within their catchment area? R Sanderson: The comment is noted.	

The meeting closed at 12.45 pm at which time members of the public and press left.

Agenda Item No 59/04

West Hertfordshire Hospitals NHS
NHS Trust

From: Louise Gaffney, Acting Director of Planning

To: Trust Board 1st July 2004

Subject: **Monthly Patient Access report to Trust Board - May 2004**

Action: For noting

Executive Summary

Performance successes

- At the end of 2003-04 the trust improved its performance to achieve a number of significant targets. These included inpatient and outpatient waiting targets, the 2-week cancer standard for urgent GP referrals, and booking.
- These standards have been maintained in the first 2 months of 2004-05.
- The Trust continued its improved performance with the A&E 4-hour total wait, where we achieved an average of 95% in May.

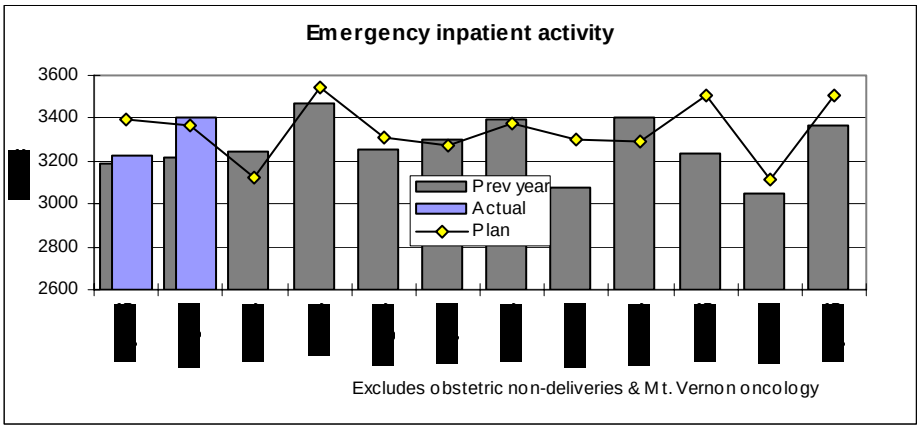
Issues

- The Trust had to cancel 75 routine operations during May. This represented 2.4% of elective admissions, compared to the national target of 1% or less.

Activity levels

Emergency care

For the first 2 months of the year, Finished Consultant Episodes (FCEs) were 2.3% above the corresponding period last year, but 1.9% below plan, as we were already anticipating an increase.



By specialty the biggest variances from plan in the first 2 months were: -

- General Medicine -353 (-25%)
- Care of the elderly +100 (+9%)
- Cardiology +95 (+40%)

This appears to be mainly a re-distribution between the medical specialities.

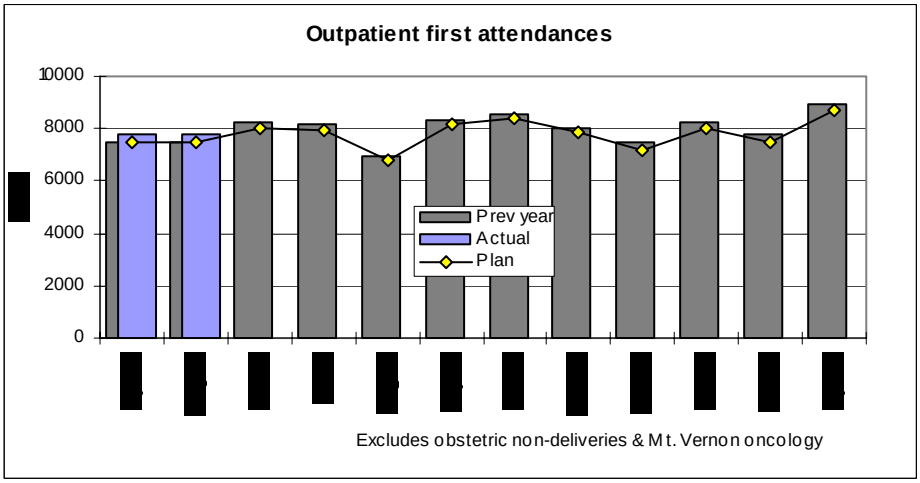
Elective care

Elective inpatient FCEs were 9% below plan for the first 2 months of the year, while day case FCEs were less affected, at 3% below plan.
Overall this means that total elective FCEs were 5% below plan.

This also brought the day case percentage up to 71% (compared to 68% the same time last year).

Outpatient

In the first 2 months of the year, first attendances were 4% above plan.



By specialty, the main variances against plan in the first 2 months were:-

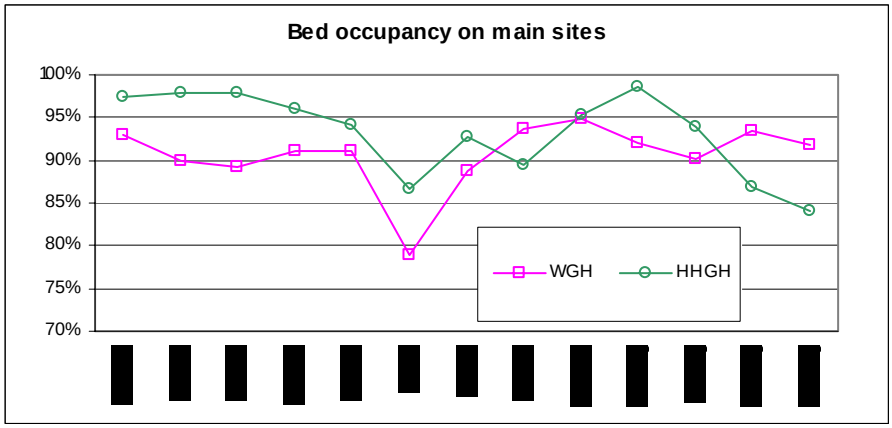
- Orthopaedics -222 (-9%)
- Dermatology +186 (+18%)

Cancer fractions

Cancer fraction activity for April and May was 9% below plan.

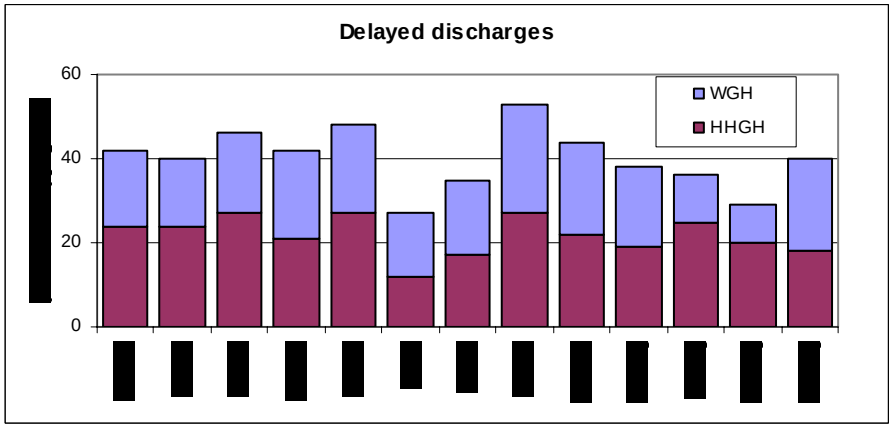
Bed usage

Average bed occupancy for April and May across all sites decreased to 84% (still a little above the National Bed Inquiry norm of 82%). For the past 3 months, bed occupancy at Watford has been consistently below 85%

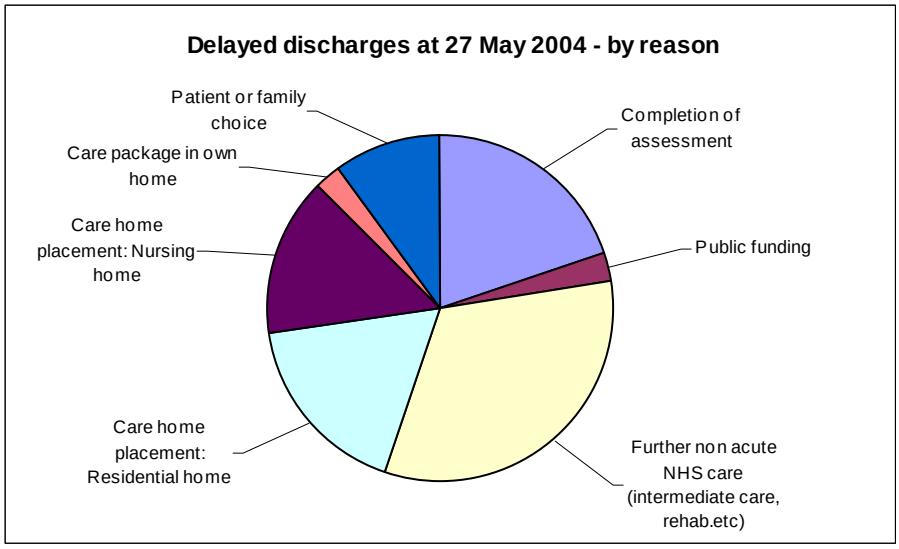


(The other sites have much lower occupancy with Mount Vernon and St Albans averaging 60% and 51% respectively.)

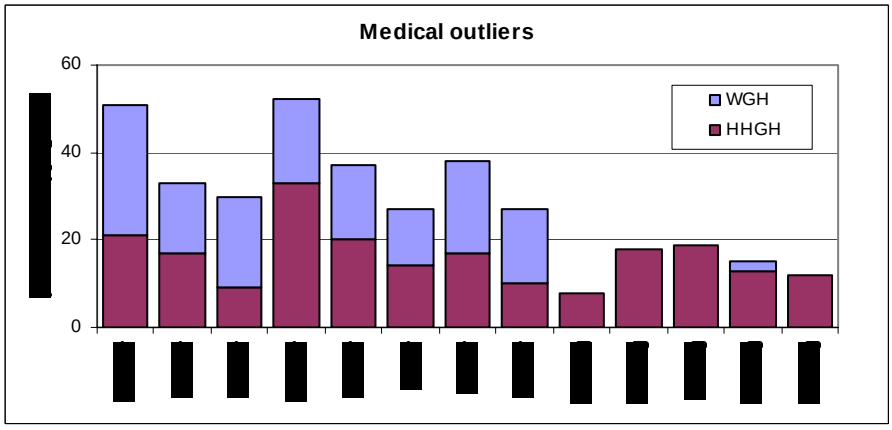
Delayed discharges peaked on 25 April (27 at Hemel and 26 at Watford). These 53 delayed transfers represented 8% of the total beds available on these two sites.



Almost a third of the delayed discharges were waiting for further non-acute NHS care, such as intermediate care or rehabilitation.

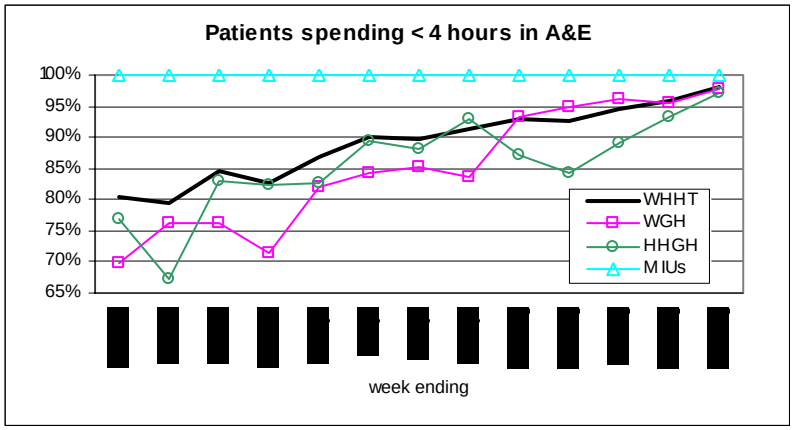


Medical outliers at Watford have all but disappeared over the month of May. This had released between 10 and 20 beds.



Accident & emergency

Over the months of March, April and May, performance across the Trust against the 4-hour target successively averaged at 82%, 90% and 95%, and in the final week of May reached 98%.

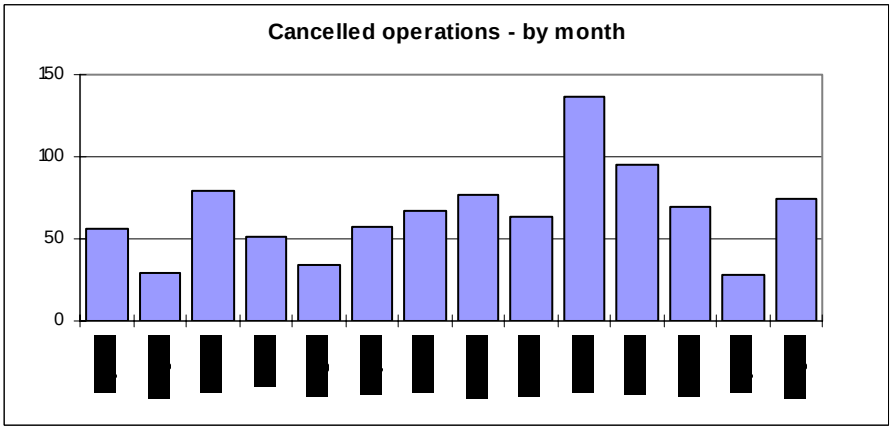


In March, April and now May, no patients waited longer than 12 hours in the any of the Accident and Emergency Departments.

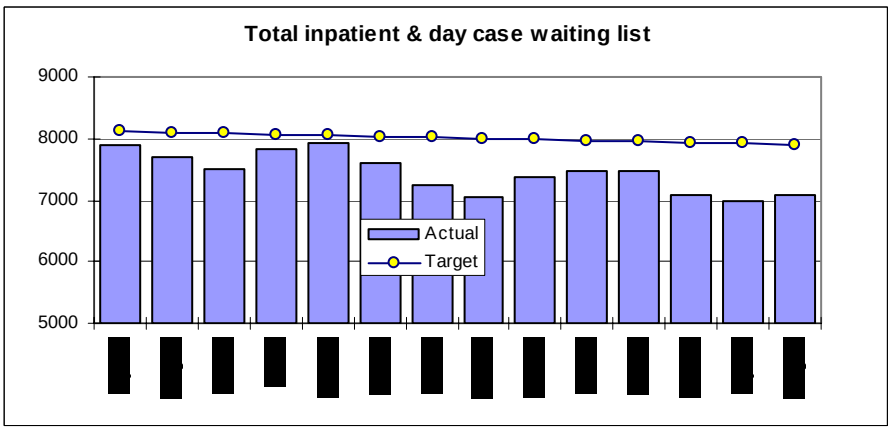
Waiting times

Inpatient and day case waiting

The Trust had to cancel 75 routine operations during May. This represents 2.4% of elective admissions, compared to the national target of 1% or less.

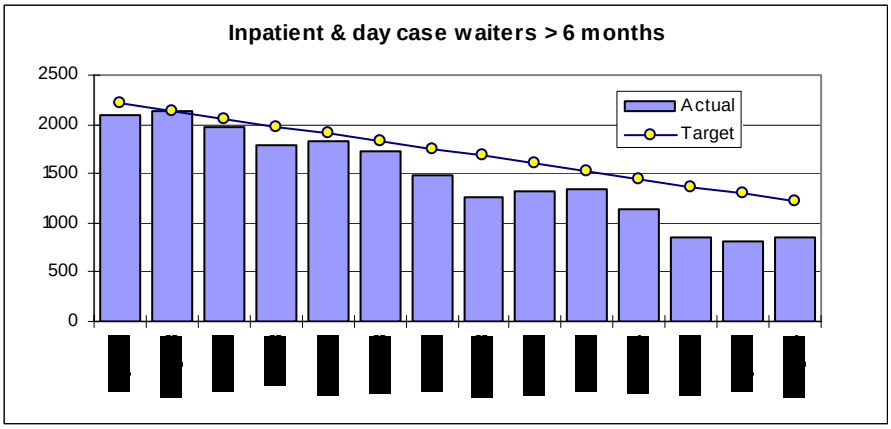


Despite this, the total waiting list at the end of the month was still safely 814 below profile.



The trust has maintained the national target of a maximum 9-month wait since the end of March 2004.

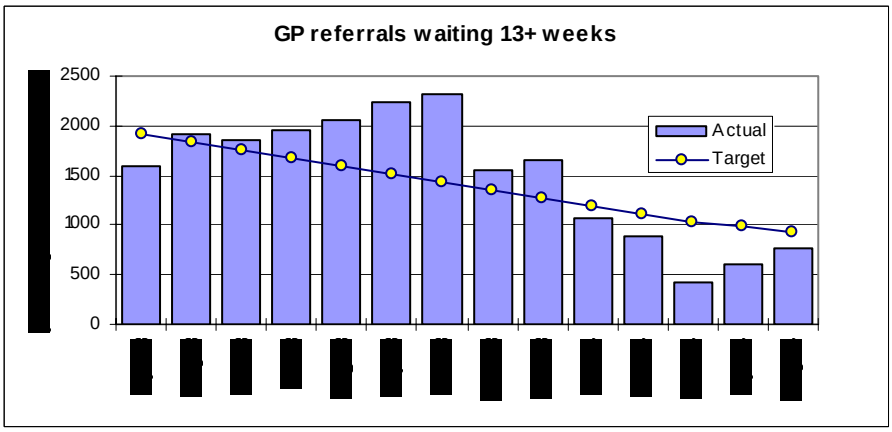
The number of 6-month waiters at the end of May was also well below our profiled figure, but has essentially remained static since the end of March.



Outpatient waiting

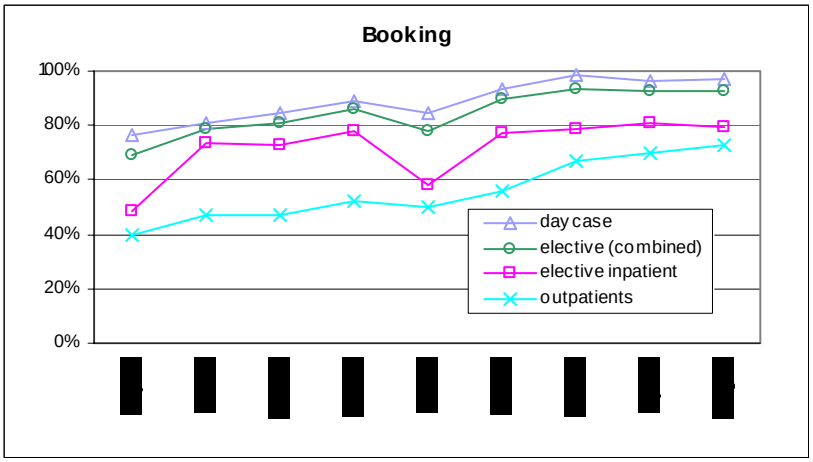
The trust has been able to achieve maintain the national target of a maximum 17-week wait since the end of March 2004.

The number of 13-week waiters has shown increases over the last 2 months, but remains well under target. (Past experience has told us to expect increases in the early part of the financial year, but we were not allowed to reflect this in the LDP profile.)



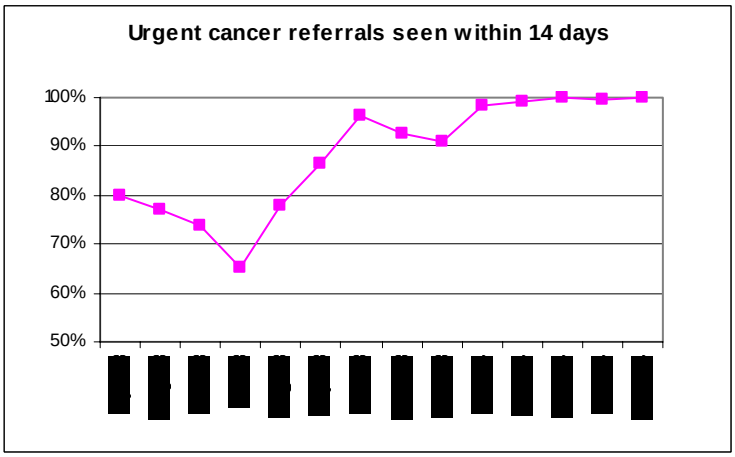
Booking

The trust is continuing to meet the 67% targets set for elective patients and GP outpatient referrals. The day case target of 100% was always going to be challenging, and over the month of May we achieved 97%.



Cancer waiting

With the exception of only one patient in April, the trust has seen all urgent cancer referrals in April and May within the target 2 weeks. This maintains the standard we reached towards the end of last year, and is in marked contrast to earlier performance.



Agenda Item No 59b/04

West Hertfordshire Hospitals NHS
NHS Trust

From: Louise Gaffney – Acting Director of Planning

To: Trust Board 1 July 2004

Subject: **Performance on star rating indicators up to May 2004**

Action: For Noting

Executive Summary:

- We now have the complete set of 2003-04 indicators on which star ratings will be based. The performance thresholds have not been announced, so the traffic light colours are only indicative.

- Of the key indicators, we under-performed on A&E 4 hour wait and cancer 2-week waits. Performance on both of these is now good, but the improvement came too late to rescue the overall 2003-04 figures.

- In capacity and capability we seem to be let down by low levels of consultant appraisal, and recording of ethnicity.

- In clinical focus indicators we will be penalised for our lack of data for surgical mortality and re-admissions.

- The specialist stroke unit only opened late last year, so the low percentage of stroke patients treated in a specialist unit was to be expected, and should show a major improvement for 2004-05.

- In patient focus, our cancelled operations are running at around 2% compared to a target of < 1%.

- Around 10% of women diagnosed in the trust with breast cancer then have to wait more than 1 month to start treatment, compared with only 2% nationally. Performance this May took a disappointing dip with a key member of staff being unavailable for some of the time.

West Hertfordshire Hospitals NHS Trust
Traffic Light Monitoring Report 2004/05

Key	
	Good performance
	Under-performance
	Significant under-performance

Star rating indicators

Trust Objective Ref.	Target Description	Target	Target due date	Quarter 1 2003/04	Quarter 2 2003/04	Quarter 3 2003/04	Quarter 4 2003/04	Star rating 2003/04	England 2003/04	April 2004	May 2004
Key targets											
B2	**12 hour Trolley waits:** No patient should wait over 12 hours on a trolley for admission via A&E as an emergency following decision to admit	100%	Mar-03	3	1	0	11	15 = 99.92% of A&E admiss comply	99.96%	0	0
D1	**Maximum wait for Cancer referral**: 100% of patients with suspected cancer should wait less than two weeks to be seen	100%	Mar-04	76.1%	75.9%	93.3%	99.2%	86.8%	99.7%	99.4%	100.0%
E2	**Financial Position:** WHHT must meet recovery plan targets and achieve breakeven	Break even	Mar-04					-£519k = 0.24% of turnover	n/a		
L1	**Hospital Cleanliness:** WHHT must maintain PEAT 4 Status	PEAT 4	Mar-04					2.5	n/a		
G1	**Improving Working Lives (IWL)**: To implement IWL standard and achieve 'Practice' status	IWL accreditation	Mar-04					1	1		
C6	**Booking - Elective:** To achieve 67% of elective inpatient and day case booked admissions	67%	Mar-04	57.3%	68.6%	81.7%	86.9%	93.1%	n/a	92.4%	92.5%
C6	**Booking - Outpatients:** To achieve 67% of outpatient booked admissions	67%	Mar-04	73.4%	62.6%	48.7%	58.0%	67.1%	76.4%	70.0%	72.6%
C1	**Maximum Outpatient Wait:** To achieve a maximum wait of 4 months (17 weeks)	0	Mar-04	588 (plan 491)	659 (plan 326)	368 (plan 161)	0 (plan 0)	0	n/a	0	0
C3	**Maximum Inpatient wait:** No patients waiting more than 9 months for inpatient treatment	0	Mar-04	586 (plan 632)	427 (plan 422)	245 (plan 212)	0 (plan 0)	0	n/a	0	0
B1	**Maximum Wait in A&E:** 90% of all patients arriving in A&E will be admitted, transferred or will depart within 4 hours (to be based on July to March performance)	90%	Mar-04	88.4%	88.0%	85.1%	83.4%	85.5%	91.4%	89.5%	95.4%
Capacity & capability indicators											
G8	**Consultant Appraisal**: 100% consultants to receive an annual appraisal and sign off their personal development plan.	100%	Mar-04					64.5%	96.6%		
	Data Quality: Completeness of coding for ethnicity on patient and workforce datasets							34.9%	76.6%		
	Patient component							45.6%	n/a		
	Workforce component							24.2%	n/a		
H1	**Information Governance:** Composite score							71.4%	78.9%		
	HES data quality - composite indicator	96%	Mar-03					94.7%	n/a		
	Information Governance Toolkit percentage score							48.0%	n/a		
G6	**Junior Doctors' Hours:** To carry out twice yearly monitoring of hours and rest carried out by junior doctors and trusts against compliance with the New Deal	Fully compliant with New Deal	Aug-03					80.1%	89.2%		
	Staff opinion survey: Health, safety and incidents							2.37	2.48		
	Staff opinion survey: Human resource management							2.58	2.69		
	Staff opinion survey: Staff attitudes							3.34	3.41		

West Hertfordshire Hospitals NHS Trust
Traffic Light Monitoring Report 2004/05

Key	
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	Significant under-performance

Star rating indicators

Trust Objective Ref.	Target Description	Target	Target due date	Quarter 1 2003/04	Quarter 2 2003/04	Quarter 3 2003/04	Quarter 4 2003/04	Star rating 2003/04	England 2003/04	April 2004	May 2004
Clinical focus indicators											
	Child protection: Score of compliance with recommended child protection systems & procedures							73.3%	91.4%		
	Clinical governance: Composite indicator							10	10		
F4	**Clinical negligence**: CNST level rating							1	1		
	Clinical Audit: Composite of participation in audits							18	18		
	Deaths following a heart bypass operation							n/a			
	Deaths following selected non-elective surgical procedures							No data			
	Emergency readmissions following discharge (adults): Emergency readmissions to hospital within 28 days of discharge	no higher than 5%	Mar-04					No data			
	Emergency readmission following discharge for a fractured hip							n/a			
	Stroke care: Percentage of patients who spent time on specialist stroke unit							4.3%	36.6%		
	Infection control: Average scores across 15 criteria							82.0%	86.9%		
	Thrombolysis: 30 minute door to needle time - (revised indicator)	75%	Apr-03	89.5%	84.2%	87.8%	91.4%	88.7%	80.7%		
	"Winning Ways" - Processes and procedures							5	4		
Patient focus indicators											
B1	**A&E emergency admission waits:** Admission via A&E within 4 hours of decision to admit	90%	Mar-04	97.6%	99.0%	93.7%	87.3%	94.2%	92.9%	97.1%	97.4%
	Adult inpatient and young patient surveys: Access and waiting	Adult						80.6	78.0		
		Young						79.5	81.1		
	Adult inpatient and young patient surveys: Better information, more choice	Adult						71.6	72.2		
		Young						80.1	77.9		
	Adult inpatient and young patient surveys: Building closer relationships	Adult						79.6	80.4		
		Young						85.7	83.9		
	Adult inpatient and young patient surveys: Clean, comfortable, friendly place to be	Adult						75.3	79.6		
		Young						80.7	78.5		
	Adult inpatient and young patient surveys: Safe, high-quality, coordinated care	Adult						74.8	76.8		
		Young						85.0	81.9		
L1	**Better Hospital Food:** Whole trust score against PEAT asssessment							75.3%	86.9%		
D1	**Breast cancer:** 1 month diagnosis to treatment	100%	Mar-04	93.0%	87.3%	90.2%	86.8%	89.5%	98.1%	83.3%	41.7%
D1	**Breast cancer:** 2 month GP urgent referral to treatment	100%	Mar-04	100.0%	100.0%	97.1%	96.2%	98.5%	98.1%	100.0%	50.0%
	Cancelled operations: To have less than 1% of same day cancellations of elective surgery.	<1%	Mar-04	1.7%	1.4%	2.0%	3.0%	2.0%	1.2%	0.8%	2.4%
C6	**Day case patient booking:** To achieve 100% of day case booked admissions	100%	Mar-04	69.1%	80.3%	84.4%	92.4%	98.5%	96.9%	96.6%	96.7%
	Delayed transfers of care: To reduce			4.2%	4.3%	5.1%	6.4%	4.8%	3.4%	7.7%	6.0%
I4	**Patient complaints:** Proportion resolved locally < 20 working days	70%	Mar-04					59.2%	71.6%		
	Patients waiting longer than standard for revascularisation							n/a			
	Six month inpatient waits: Proportion of patients on waiting list waiting < 6 months			73.7%	77.4%	82.1%	88.0%	88.0%	90.9%	88.4%	87.8%

Agenda Paper No:60/04

West Hertfordshire Hospitals NHS
NHS Trust

From: **Director of Operations**

To: **Trust Board, 1st July 2004**

Subject: **Emergency Care Progress Report**

Action: **To note**

Executive Summary

The attached report details the some of the work carried out over the last two months in regard to access to emergency care services in West Hertfordshire. The main points are as follows:

- The Trust has seen a continued improvement in performance against key targets.
- Just over 97% of patients attending our A&E/MIU departments are seen, treated, and either admitted to a bed or discharged, within 4 hours of arrival.
- "Trolley waits" continue to fall.

Board members are invited to note and comment on this report.

West Hertfordshire Hospitals NHS Trust
Traffic Light Monitoring Report 2004/05

Key	
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	Under-performance
	Significant under-performance

Star rating indicators

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West Hertfordshire Hospitals NHS Trust
Traffic Light Monitoring Report 2004/05

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West Hertfordshire Hospitals NHS Trust
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Star rating indicators

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West Hertfordshire Hospitals NHS
NHS Trust

ACCESS TO EMERGENCY CARE SERVICES: A FURTHER PROGRESS REPORT FOR THE TRUST BOARD

1. INTRODUCTION

Board members will be aware that delivery of reduced waiting times for patients attending Accident and Emergency departments, is a key requirement of all health communities. The Trust, together with partner organisations within West Hertfordshire, has focussed particular attention on this area of its work because of concerns raised as a result of relatively poor performance over the winter months of 2003/04. These concerns were presented in the form of an independent report into unscheduled care (the "Greenwood Report") which the Trust received in January. The Board subsequently approved a detailed action plan which was taken forward by the emergency care task force, established in February of this year. The results of the actions taken by the task force were presented in a progress report at the Board meeting in April. Since then, further improvements in performance have been achieved, and these are set out in more detail below.

2. RECENT PERFORMANCE

Graphs showing improving performance against the two key A&E targets (the total waiting time, and the post decision to admit or "trolley wait" targets) are attached at appendices 1 and 2.

a. **Total Waiting Time Target** – In 2003/04 Trusts were required to ensure that 90% of patients attending the A&E department, were seen and either treated/discharged, or admitted to a hospital bed, within four hours of arrival. From April onwards, Trusts are expected to make further improvements, such that by December a 98% figure is achieved.

   At the last Board meeting it was reported that significant progress had been made within the Trust and that performance had improved by 10% between the 14th March and 11th April. This improvement has continued and since the end of May, the Trust performance has averaged at over 97%.

b. **Trolley Waits** – The second A&E target relates to the time that patients wait in the department following a decision to admit (DTA) to an acute bed. The national standard is that no patient should wait more than four hours after their DTA.

   Any Trust's ability to admit patients within a reasonable timeframe is entirely dependent upon sufficient beds being available 24 hours a day. Bed capacity is an issue which has given cause for particular concern within West Hertfordshire, and consequently the 4-hour trolley target is one which we have found very difficult to achieve. More recently however performance against this target has improved considerably. Such waits have not been entirely eliminated in West Hertfordshire, but the numbers of "breaches", of this standard each week are now in single figures.

All of the above improvement is of course entirely attributable to the hard work and determination of our staff, particularly those in the A&E department, and the bed management teams. Their work has however been underpinned by the contributions made by the system-wide emergency care task force, the membership of which included the Chief Executives of all health care organisations within West Hertfordshire, together with senior representation from the Health Authority, and Adult Care Services.

It should also be noted that these improvements have been achieved despite a continuing increase in both the number of emergency attenders and emergency admissions (see appendices 3 and 4). These increases are now coming under close scrutiny so that the reasons behind this growth in activity can be better understood, and therefore managed.

3. KEY ACTIONS

It is difficult to single out specific changes which have made a difference to the Trust in emergency care performance, because it has been the overall effort of very many staff in all areas of the Trust that has meant that more patients than ever are being seen and treated expeditiously following their attendance at A&E. However, some particular actions are worthy of note and are grouped under three headings below:

a. Accident and Emergency Department

- Increases in the junior medical staff establishment and revisions of the rotas to ensure that they are always available to work within A&E/RAU. This includes the provision of additional staff grades on both main hospital sites.
- Implementation of the "controller" role for senior Medical staff within A&E. This person actively manages the flow of patients through the department, identifying priorities, blockages, etc and taking early actions to resolve problems.
- Pilot of a staff grade doctor in RAU at Hemel to support the medical teams and ensure there are minimal delays in seeing patients
- Provision of dedicated porters for A&E at peak periods to ensure the rapid movement of patients.

b. Bed capacity

- The "ring fencing" of beds within RAU for A&E and GP heralded patients: 6 beds at Watford and 4 at Hemel have been identified for this purpose. To date throughput of these beds has averaged 60 patients per week at WGH, and 50 per week at Hemel
- Establishment of a surgical admissions lounge at Watford, allowing patients to come in on the day of their operation, thus releasing overnight beds.
- The increased medical bed capacity at Watford with the "swing" of Cassio Ward from Surgery to Medicine allowing the cohorting of medical patients and a reduction in medical outliers
- The development of alternative models of care for Cassio ward (planned 24/48 hour short stay ward) and Margaret ward (Nurse led discharge ward).

c. Management of processes.

- Agreement between A&E and the Medical teams for improved working arrangements, including the elimination of double clerking of patients.
- The direct admission of medically heralded patients to the RAU, avoiding admission via A&E. The improved availability of Medical staff within the unit ensures that the majority of patients are reviewed, and either admitted or discharged from RAU within 6 hours.

- Agreement to develop the interagency model for discharge planning and to establish PCT led control centres on each acute site
- Implementation of the revised escalation policy which includes both A&E and bed management procedures. This policy also links to similar procedures within other agencies (PCT's, BHAPS and other partners) when action in regard to potential problems is required outside of the hospital setting.

4. CONCLUSION AND NEXT STEPS

The Trust has now shown that with the additional resources provided through the LDP process, and more robust management of emergency patient flows, it is possible to achieve a step change to performance in terms of access to emergency services. Work now needs to continue to ensure that this progress can be sustained in the face of increasing demand. Particular attention is likely to be concentrated on:

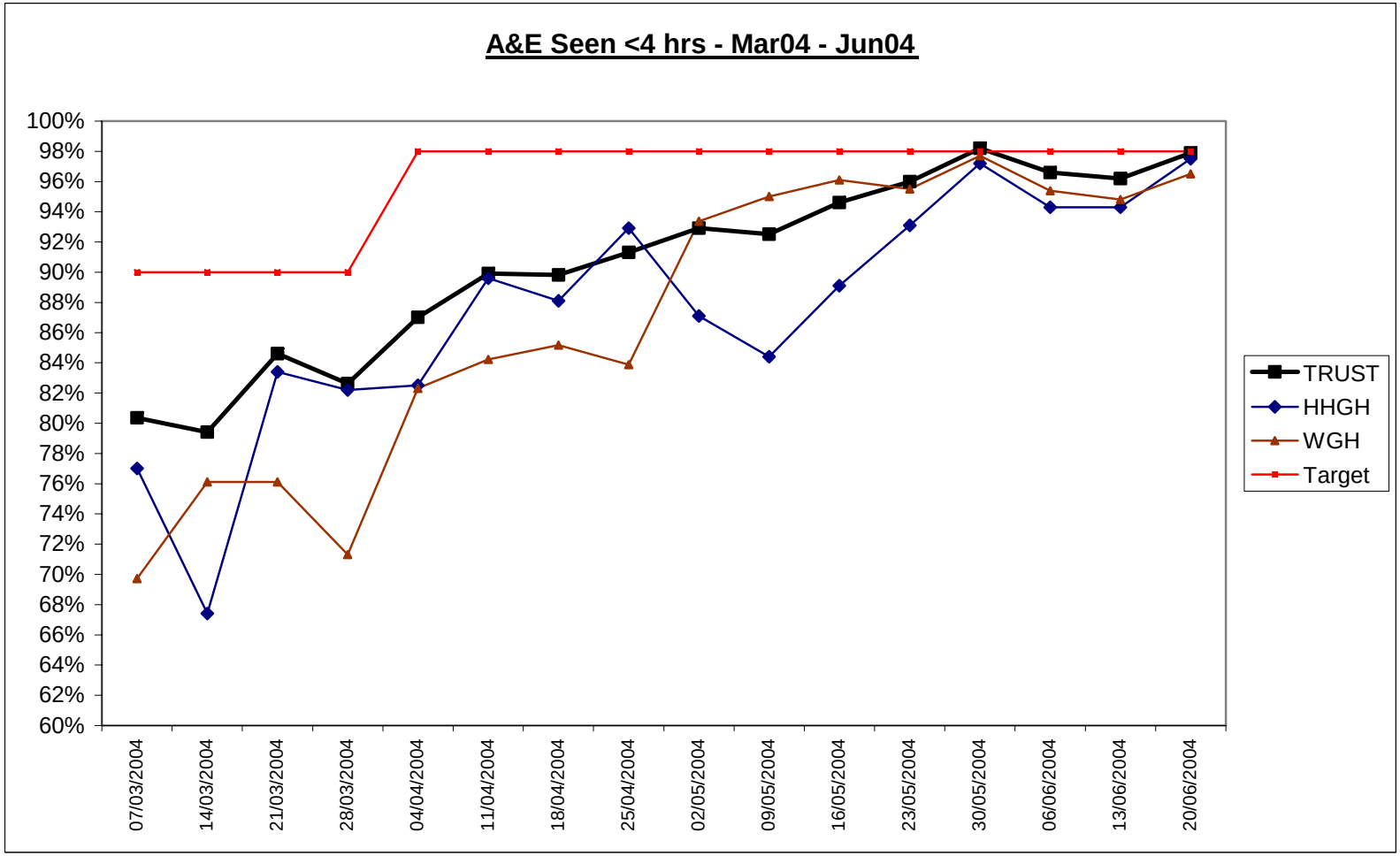
- Reducing the number of delayed transfers of care
- Increasing the Trust's overall bed capacity (eg opening of Hanover ward, further shift of elective work to St Albans)
- Recruiting permanently to the newly established medical staff posts.
- Resolving concerns around the reduced surgical capacity, particularly at Watford.

The fact that these significant pieces of work remain however should not detract from the commitment and sheer hard work that staff have demonstrated, in pursuit of an improved service for the local community, and delivery of key NHS objectives.

Board members are asked to note and comment upon this report.

Nigel Coomber
Director of Operations
June 2004

APPENDIX 1


A&E Seen <4 hrs - Mar04 - Jun04
100%
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16/05/2004
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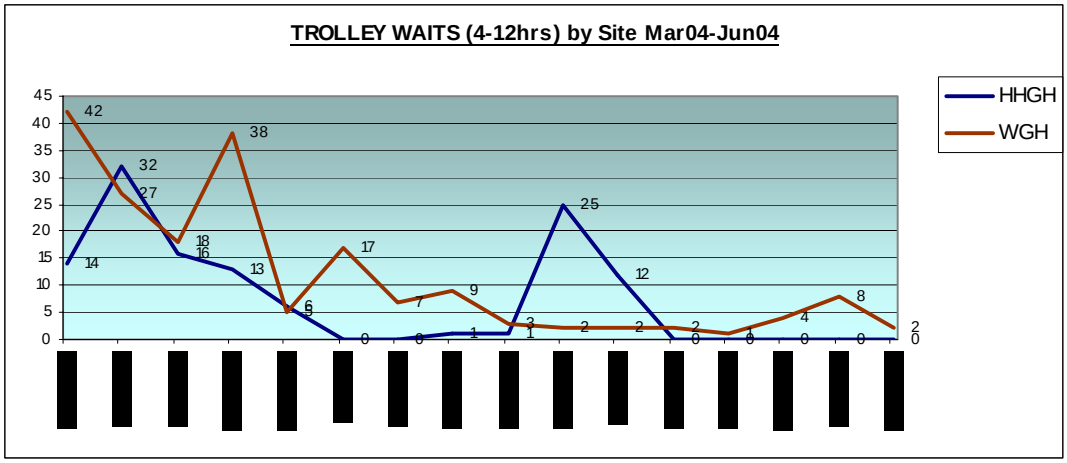
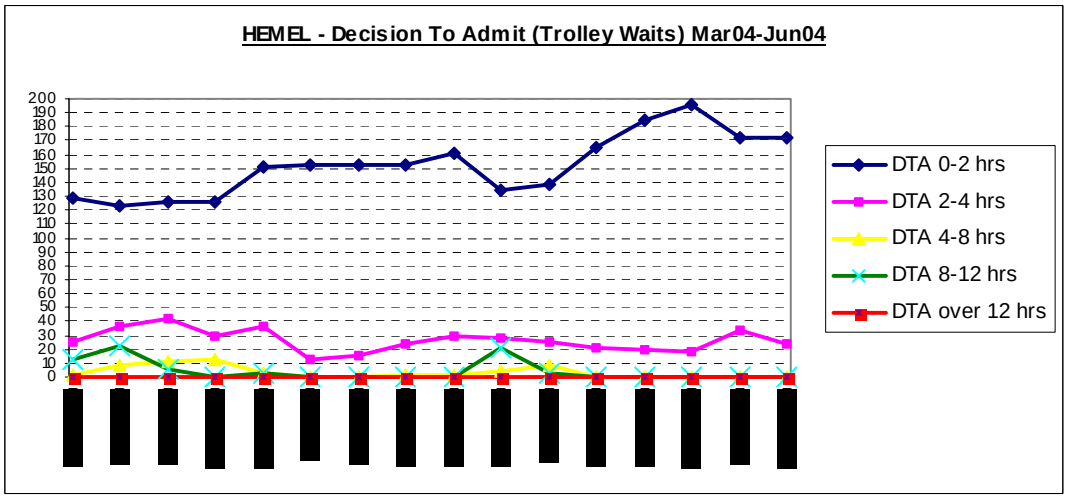
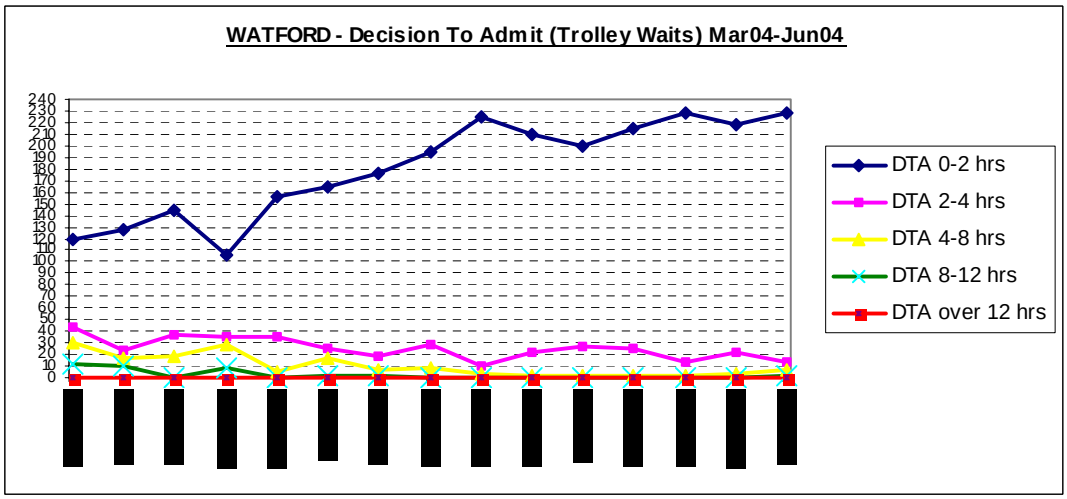
Target

APPENDIX 2


TROLLEY WAITS (4-12hrs) by Site Mar04-Jun04
HHGH
WGH


HEMEL - Decision To Admit (Trolley Waits) Mar04-Jun04
DTA 0-2 hrs
DTA 2-4 hrs
DTA 4-8 hrs
DTA 8-12 hrs
DTA over 12 hrs


WATFORD - Decision To Admit (Trolley Waits) Mar04-Jun04
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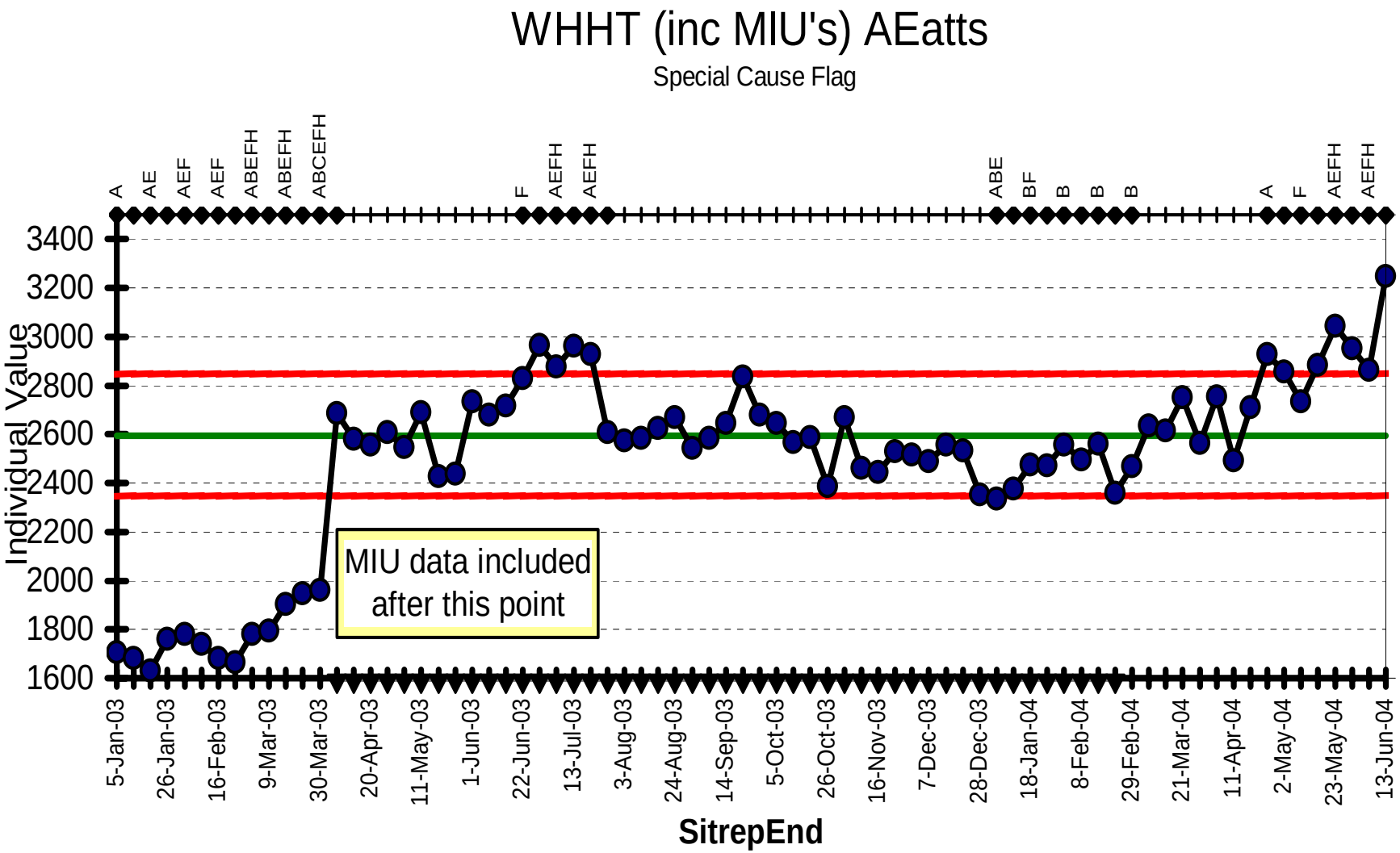
APPENDIX 3


WHHT (inc MIU's) AEatts
Special Cause Flag
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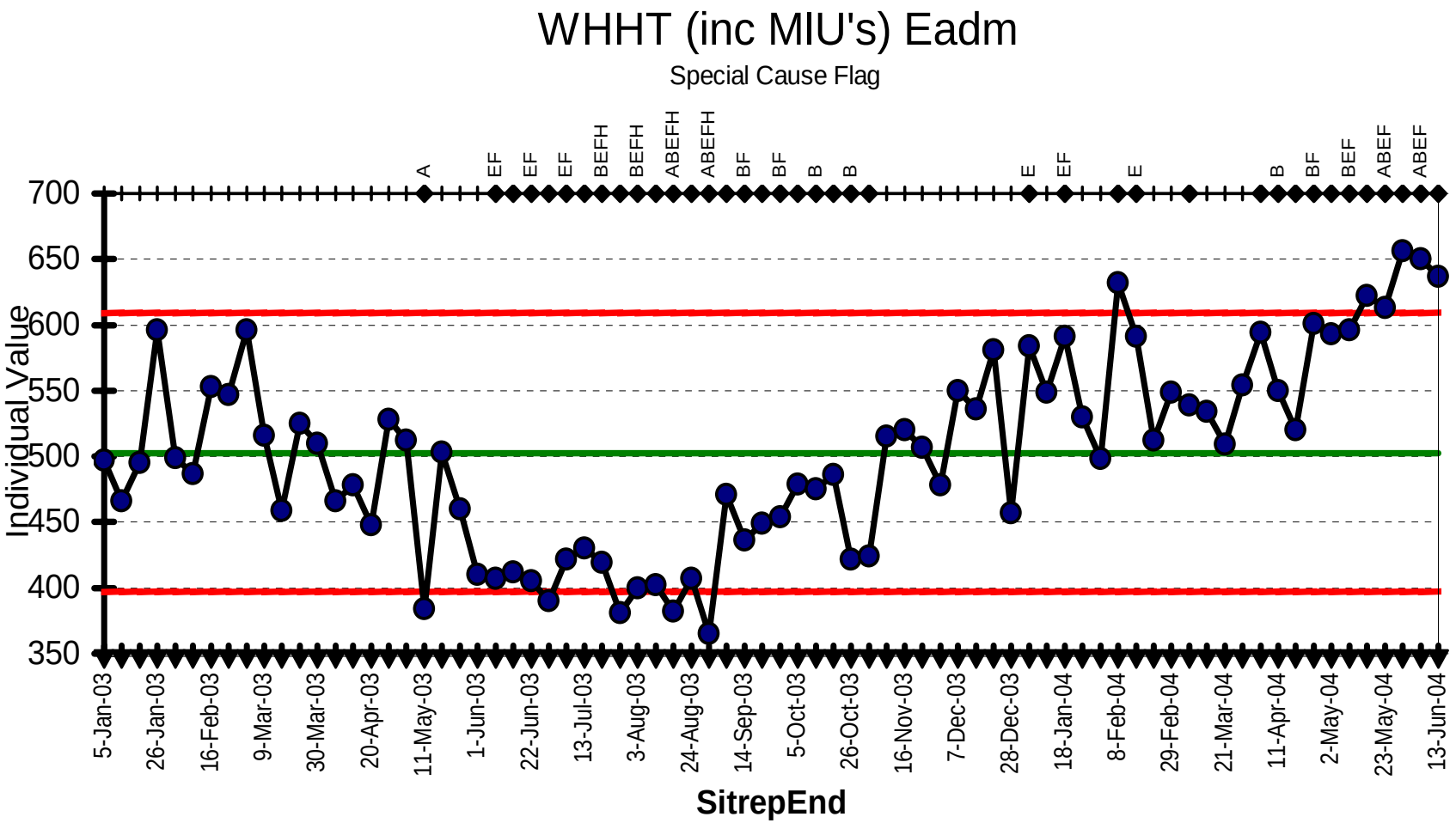
SitrepEnd

APPENDIX 4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SitrepEnd

Agenda Item No 61/04

West Hertfordshire Hospitals NHS
NHS Trust

From: Rob Allan, HR Director

To: Trust Board 1 July 2004-06-21

Subject: **HR quarterly Report (Q4)**

Action: For Noting

Executive Summary:

- The numbers of staff employed by West Hertfordshire Hospitals continued to increase to 4,469 (headcount).
- Labour turnover, the rate at which staff leave their posts, has continued to decline to approximately 11%. Labour turnover for nursing staff has also continued to decline to approx. 14%, the lowest figure since 1998.
- Sickness rates are currently 5%.
- Agency expenditure on workforce has declined compared to last year.
- The Board is also asked to note the age profile of the Trust (approx 27% of staff are aged over 50) and the comparisons of key workforce data to other NHS organisations in Bedfordshire and Hertfordshire.

West Hertfordshire Hospitals NHS
NHS Trust

1. INTRODUCTION – Workforce Information Report Q4 2003/04

This report details key trust workforce data for Q4 2003/04. The workforce report highlights main workforce profile features of the trust, including staff in post numbers, labour turnover rates and sickness rates. As previously outlined to the Board, the workforce reports will continue on a quarterly basis.

1.1 The report highlights the following key workforce statistics.

- At Q4 2003/04 the total staff in post numbered 4496. This is an increase of 439 staff or 11% of the workforce since Q4 2001/02.
- Labour turnover is 11.1% % compared to approx 15.28% approximately one year ago
- Sickness absence is currently 5.0%, which equates to an average of 11.3 days lost per member of staff each year.

2. WORKFORCE DATA

2.1 The table below summarises the key workforce data by Trust from Q4 2001/02 to Q3 2003/04. Additional data is given in appendix 1.

Trust	*Staff in Post* 2001 - 2002	*Turnover (12 month average) (ii)*	*Sickness Rate (12 month cumulative to Q4 (iii)*
Quarter 4 2001/02	4057	17.4%	5.2% (11.7 days)
Quarter 1 2002/03	4087	17.2%	4.8% (10.9 days)
Quarter 2 2002/03	4056	17.0%	4.9% (11.1 days)
Quarter 3 2002/03	4193	15.2%	4.8% (10.8 days)
Quarter 4 2002/03	4229	13.3%	4.7% (10.7 days)
Quarter 1 2003/04	4309	12.8%	4.8% (10.7 days)
Quarter 2 2003/04	4307	12.30%	4.8% (10.7 days)
Quarter 3 2003/04	4423	11.78%	5.0% (11.3 days)
Quarter 4 2003/04	4496	11.1%	5.0% (11.3 days)

(i) *Staff in post as measured at the end of the month This figure excludes staff employed by Primary Care Trusts, external organisational providers or those employed as bank or agency staff .*

(ii) *Labour turnover – measures the rate at which staff are leaving the trust. Labour turnover uses the numbers of leavers from the trust over the last 12 months expressed as a percentage of average numbers of staff in post. This excludes medical staff, as planned rotations for junior medical staff skew data.*

(iii) *Sickness rates are based on the numbers of working days lost due to sickness over the last 12 months. Days lost per employee are based on days lost over the last 12 months divided by the average numbers of staff in post.*

3. Main Workforce Indicators

3.1 Establishment level: Appendix 1

- Appendix 1a 'Establishment levels – staff in post and vacancy factor'. This chart shows that establishment levels have consistently increased over the last year. Staff numbers have increased, but vacancy levels have remained broadly consistent, although non-registered nursing vacancies have declined significantly. This feature of the workforce will continue to be monitored for future reports. Establishment levels have been calculated by adding the trust vacancy factor onto staff in post levels.
- Appendix 1b outlines trust labour turnover. This has declined over the last 3 years from 17.8%, to 11.1% currently, a reduction of over one-third and is in line with the trusts requirement to reduce turnover on a year-by-year basis.
- Appendix 1c outlines trust sickness rates, which show a reduction from 5.2% in January 2002 to 4.8% as at December 2003 followed by arise to 5.0% currently,
- Appendix 1d shows trust nursing bank and agency finance expenditure, which shows reductions in expenditure on bank and agency staff. As staffing trends become more apparent, it is expected that as staffing levels increase, and trust vacancies and sickness levels reduce, expenditure on agency staff will decline.

3.2 Labour Turnover (non-medical staff): Appendix 2,

- As noted in 3.1 above overall turnover (i.e. all leavers measured over the last 12 months) at West Hertfordshire Hospitals is currently 11.1%. This is a decline from the 15.3% reported around one year ago,
- Turnover rates for registered qualified nursing staff have continued to reduced, from over 24% in June 1998 to approx. 15.0% currently (appendix 2).
- Turnover rates for other grades of staff as at Q3 2003/04 are also monitored – a summary will appear in the next report.

3.3 Sickness Absence:

- Sickness rates are being reported monthly on a trust wide basis.
- The actual annual rate is approx. 11.3 days sickness per member of staff (5.0%).
- A recent report to the Welsh Assembly quoted NHS sickness rates as 4.7% nationally. Sickness rates by department are calculated for Divisional managers.
- Sickness rates by staff group are monitored and a summary will be included in the next report.

4 PROFILE DATA: Appendix 3a,b,

- Appendix 4a,and 4b show Age profiles, and Grade profiles.
- Some of the main features of this data show that approx. 27% of staff are over the age of 50**.**
- Nearly a third of staff are Registered Nursing Staff. The second largest proportion of staff are Clerical staff and Senior Managers who account for just over a quarter of the workforce**.**
- A comparison with current numbers as at Q1 2003/04 by staff group shows that all staff groups have shown an increase in staff, the largest groups being registered nurses, unregistered nurses and scientific and technical staff.

5. Benchmarking / Comparison Data

- Appendix 4a shows the main workforce indicators across Bedfordshire and Hertfordshire as at Q3 2003/04.
- West Hertfordshire Hospitals has a labour turnover rate that is below the average across Bedfordshire and Hertfordshire (11.1%).
- Sickness rates (as at Q3) of 4.8% are slightly above the average of 4.3%, but it should be recognised that reporting of sickness rates at WHHT is more comprehensive compared to some organisations.
- Vacancy rates (7.1% of staff in post) are higher than the average across Beds and Herts. There is some additional work being undertaken to improve the accuracy of vacancy data and this will be highlighted for future reports.

- Appendix 4b shows the changes in nursing headcount numbers across Bedfordshire and Hertfordshire over the last 1 – 2 years. There are over 330 additional nurses (headcount) in post, with the majority of these increases being seen in West Hertfordshire Hospitals and East & North Hertfordshire NHST, reflecting recruitment initiatives at these organisations.

- Appendix 4c gives a graphical comparison of sickness rates across Bedfordshire and Hertfordshire.

Richard Wilkes
Workforce Analyst

Rob Allan
Director of Human Resource

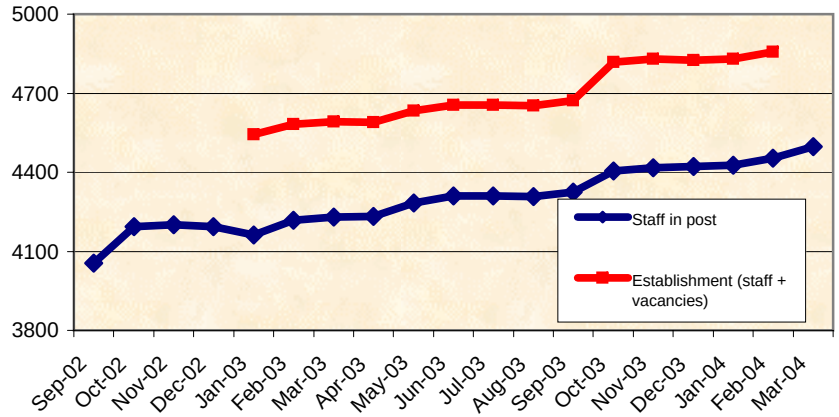
WEST HERTFORDSHIRE HOSPITALS NHS TRUST

Appendix 1

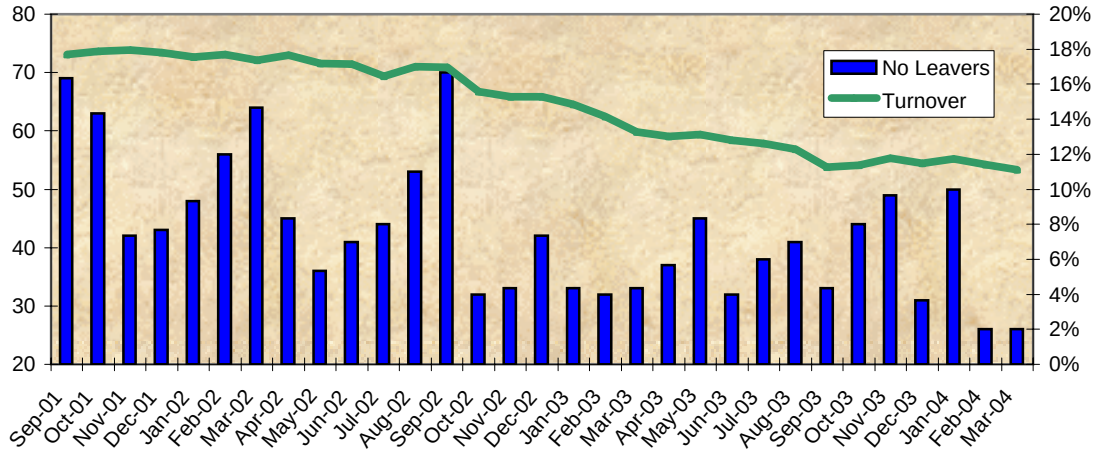
Workforce Information : Data for West Hertfordshire Hospitals Q4 2003/04

	Nov-02	Dec-02	Jan-03	Feb-03	Mar-03	Apr-03	May-03	Jun-03	Jul-03	Aug-03	Sep-03	Oct-03	Nov-03	Dec-03	Jan-04	Feb-04	Mar-04
* accumulative turnover rates exclude Medical staff																	
Staff in post	4201	4193	4163	4219	4229	4233	4283	4309	4309	4307	4325	4404	4416	4423	4426	4453	4496
*Accumulative Turnover	15.30%	15.28%	14.85%	14.14%	13.27%	13.03%	13.12%	12.80%	12.60%	12.30%	11.27%	11.39%	11.78%	11.47%	11.75%	11.40%	11.1%
Sickness days lost per employee per year	10.78	10.69	10.86	10.71	10.77	10.76	10.66	10.74	10.84	10.85	11.66	10.70	10.80	11.38	11.15	11.13	11.31
Accumulative percentage sickness rate	4.8%	4.7%	4.8%	4.7%	4.8%	4.8%	4.7%	4.8%	4.8%	4.8%	4.8%	4.7%	4.8%	5.0%	4.9%	4.9%	5.0%
Number of Leavers excluding Medical staff	33	42	33	32	33	37	45	32	38	41	33	44	49	31	50	46	26

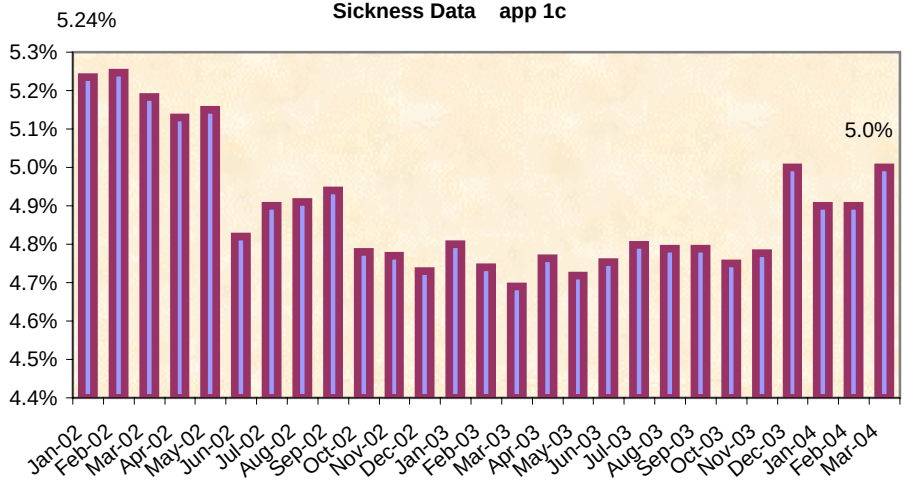
Staff in Post & Vacancy Factor app 1a



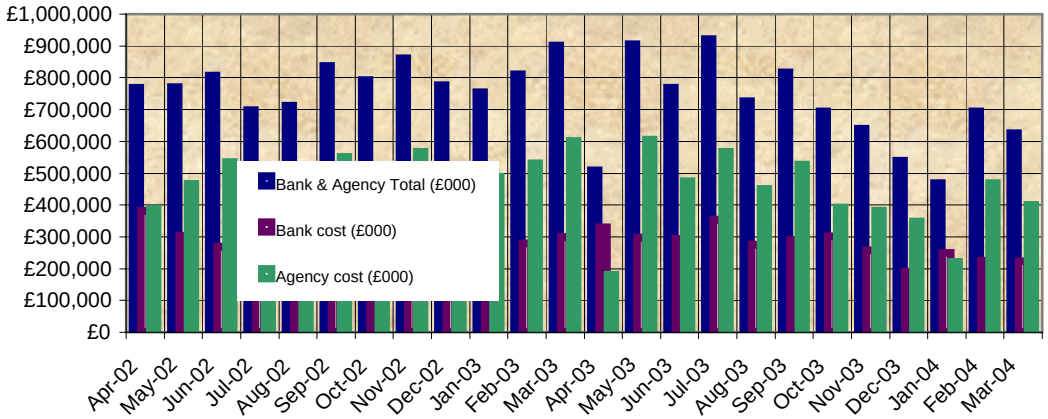
Turnover & Leavers Data app 1b



Sickness Data app 1c



Nurse Bank/Agency Expenditure Apr 02 - March 04 app 1d



WEST HERTFORDSHIRE HOSPITALS NHS TRUST
Staffing Information -- Nursing & Midwifery Labour Turnover

As at : Q4 2003/04

------ TURNOVER RATES BY GRADE -----

Grade	In Post Apr-02	In Post Apr-03	In Post Apr-04	In Post Average Apr-04	No. of Leavers Apr-02	No. of Leavers Apr-03	No. of Leavers Apr-04
Grade A	311	334	414	374	58	94	91
Grade B	82	103	126	114.5	10	15	10
Grade C	11	23	36	29.5	2	3	1
Grade D	382	338	362	350	60	63	63
Grade E	364	395	445	420	66	78	52
Grade F	295	307	322	314.5	51	45	40
Grade G	170	191	187	189	20	25	30
Grade H	50	51	60	55.5	11	4	6
Grade I	14	14		7	3	3	5
others		18	19				
TOTAL D-I	1275	1296	1376	1336	211	218	196
TOTAL A-I	1679	1774	1971	1872.5	281	330	298

Grade	Turnover Jun-98	Turnover Dec-00	Turnover Apr-01	Turnover Jun-01	Turnover Sep-01	Turnover Dec-01	Turnover Apr-02	Turnover Jun-02	Turnover Sep-02	Turnover Dec-02	Turnover Apr-03	Turnover Jun-03	Turnover Sep-03	Turnover Dec-03	Turnover Apr-03
A	31.65%	14.39%	15.69%	20.75%	18.97%	20.57%	19.17%	28.53%	26.11%	29.17%	29.1%	27.6%	26.9%	25.7%	24.3%
B	23.08%	10.34%	14.52%	12.40%	15.17%	15.60%	13.25%	12.50%	14.55%	12.79%	16.2%	12.3%	10.3%	7.4%	8.7%
C	18.18%	0.00%	0.00%	0.00%	0.00%	22.22%	19.05%	66.67%	54.55%	42.42%	17.6%	11.8%	4.9%	3.4%	3.4%
D	33.55%	16.31%	14.90%	13.88%	16.10%	16.33%	16.55%	17.01%	16.69%	15.53%	17.5%	17.5%	18.5%	18.1%	18.0%
E	26.17%	23.87%	21.56%	22.44%	18.63%	16.71%	17.19%	16.32%	17.99%	18.78%	20.6%	17.3%	15.9%	15.0%	12.4%
F	18.77%	15.72%	17.68%	16.48%	16.82%	16.26%	17.93%	15.80%	16.89%	14.59%	15.0%	16.0%	12.7%	13.2%	12.7%
G	11.24%	12.90%	13.62%	12.70%	13.54%	11.18%	12.01%	11.38%	13.06%	11.14%	13.9%	17.3%	15.5%	15.8%	15.9%
H	18.18%	7.23%	9.76%	16.87%	25.88%	27.37%	22.92%	18.37%	12.00%	10.00%	7.9%	10.1%	12.7%	16.2%	10.8%
I	0.00%	50.00%	31.58%	66.67%	57.14%	21.05%	24.00%	0.00%	6.25%	6.90%	21.4%	23.3%	30.4%	23.3%	71.4%
	Jun-98	Dec-00	Mar-01	Jun-01	Sep-01	Dec-01	Mar-02	Jun-02	Sep-02	Dec-02	Mar-03	Jun-03	Sep-03	Dec-03	Apr-04
Grades D - I	24.13%	18.37%	17.62%	17.71%	17.47%	16.22%	16.77%	15.66%	16.33%	15.34%	16.96%	16.9%	15.9%	15.7%	14.7%
Grades A - I	25.46%	17.18%	17.02%	17.95%	17.55%	17.04%	17.07%	18.19%	18.32%	17.87%	19.21%	18.6%	17.6%	16.8%	15.9%

Commentary

* All figures for leavers refer to the number of leavers in the preceding 12 months

> Nursing turnover is (for both registered and non registered staff) is 15.9%

> Turnover for qualified nursing staff is 14.7%, compared to 24.13% at June 1998

> 'D' Grade staff turnover has declined from approx. 33% in 1998 to approx. 18% currently

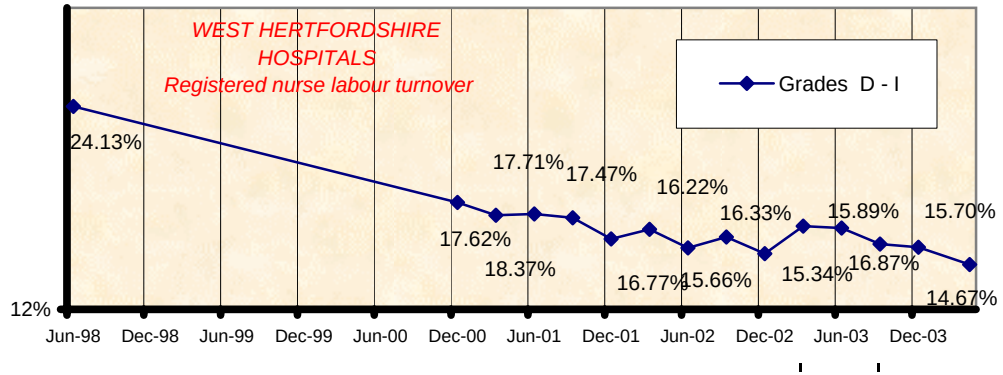
> 'E' Grade turnover is reduced from 20% last year to 12% currently

> Turnover rates for HCA / Nursing Assistant have reduced slightly from 29% to 24%

This is partly due to an increase in staff leaving to take up nurse training

and other careers within the health service e.g. Occup Therapy helper

> NB - 'C' 'H' and 'I' grade turnover rates are based on low numbers



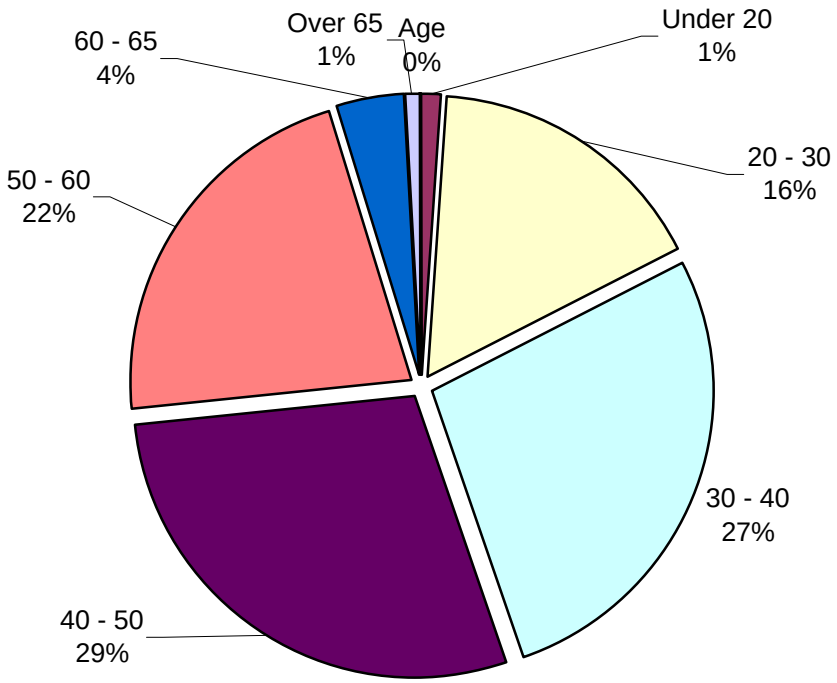
G: Richard \PERF MGT \ West Herts Hopsitals nurse turnover to 09 2003 ge rev

WEST HERTFORDSHIRE HOSPITALS NHS TRUST

Workforce Information : Data for West Hertfordshire Hospitals 2003/2004

Current Age Profile

Appendix 3a

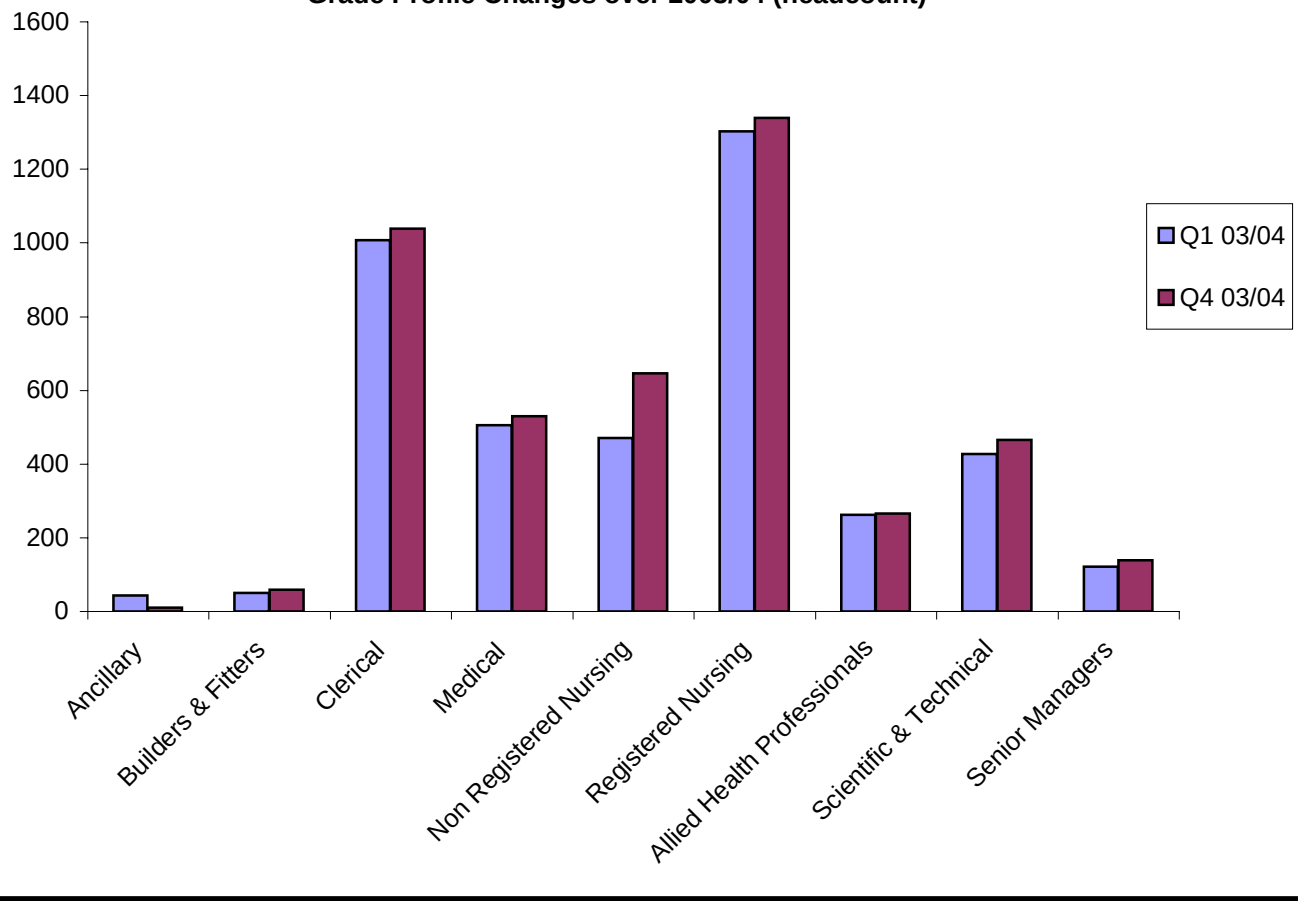


Approx. 27% of staff are aged over 50 years of age

Approx. 17% of staff are aged under 30 years of age

Appendix 3b

Grade Profile Changes over 2003/04 (headcount)



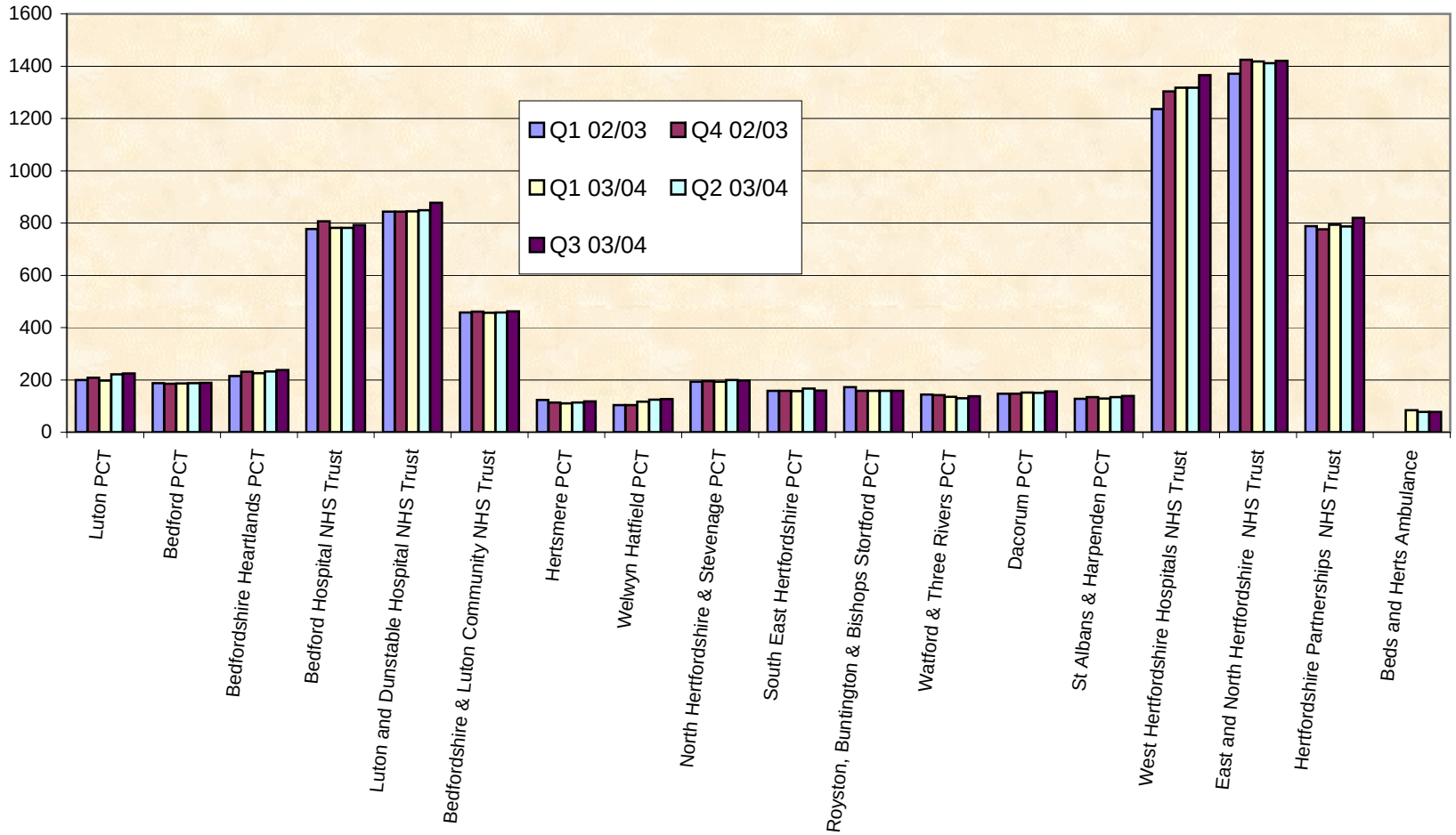
STAFF IN POST NUMBERS Q3
BEDFORDSHIRE & HERTFORDSHIRE WORKFORCE DEVELOPMENT CONFEDERATION

KEY INDICATORS AT Q3 2003/04 BY ORGANISATION

Organisation	SIP Q3	labour turnover Q3	organisational staff sickness Q3	all vacancies (wte) - approximate data only for some organisations	vacancies as a % of staff in post
Luton PCT	566	15.9%	3.7%	29.2	5.2%
Bedford PCT	605	17.0%	4.1%	41.2	6.8%
Beds & Herts Ambulance & Paramedic Trust	869	11.4%	7.1%	67.6	7.8%
Bedfordshire Heartlands PCT	774	13.5%	4.0%	36.9	4.8%
Bedford Hospital NHS Trust	2442	19.5%	4.6%	148.7	6.1%
Luton and Dunstable Hospital NHS Trust	2781	12.1%	4.4%	169.1	6.1%
Bedfordshire & Luton Community NHS Trust	1638	16.8%	6.1%	276.4	16.9%
Hertsmere PCT	246	17.6%	4.8%	22.0	8.9%
Welwyn Hatfield PCT	352	11.1%	3.4%	23.0	6.5%
North Hertfordshire & Stevenage PCT	739	16.2%	2.7%	22.0	3.0%
South East Hertfordshire PCT	407	10.2%	2.4%	19.0	4.7%
Royston, Buntington & Bishops Stortford PCT	345				
Watford & Three Rivers PCT	454	14.2%	4.4%	36.0	7.9%
Dacorum PCT	395	11.3%	7.9%	14.0	3.5%
St Albans & Harpenden PCT	307	15.5%	6.0%	18.0	5.9%
West Hertfordshire Hospitals NHS Trust	4423	11.5%	4.8%	357.5	7.8%
East and North Hertfordshire NHS Trust	4247	12.1%	3.8%	329.5	7.8%
Hertfordshire Partnerships NHS Trust	2567	12.2%	6.6%	90.0	3.5%
TOTALS Q3 03/04	24157	13.6%	4.8%	1700.0	7.1%

Data for RBB is for September 2002 - no data received for quarterly updates
Vacancy data is difficult to compile for some organisations - data is as close as can be readily obtained

BEDFORDSHIRE AND HERTFORDSHIRE WDC
Differences in nursing and midwifery headcount Q1 02/03 to Q3 03/04

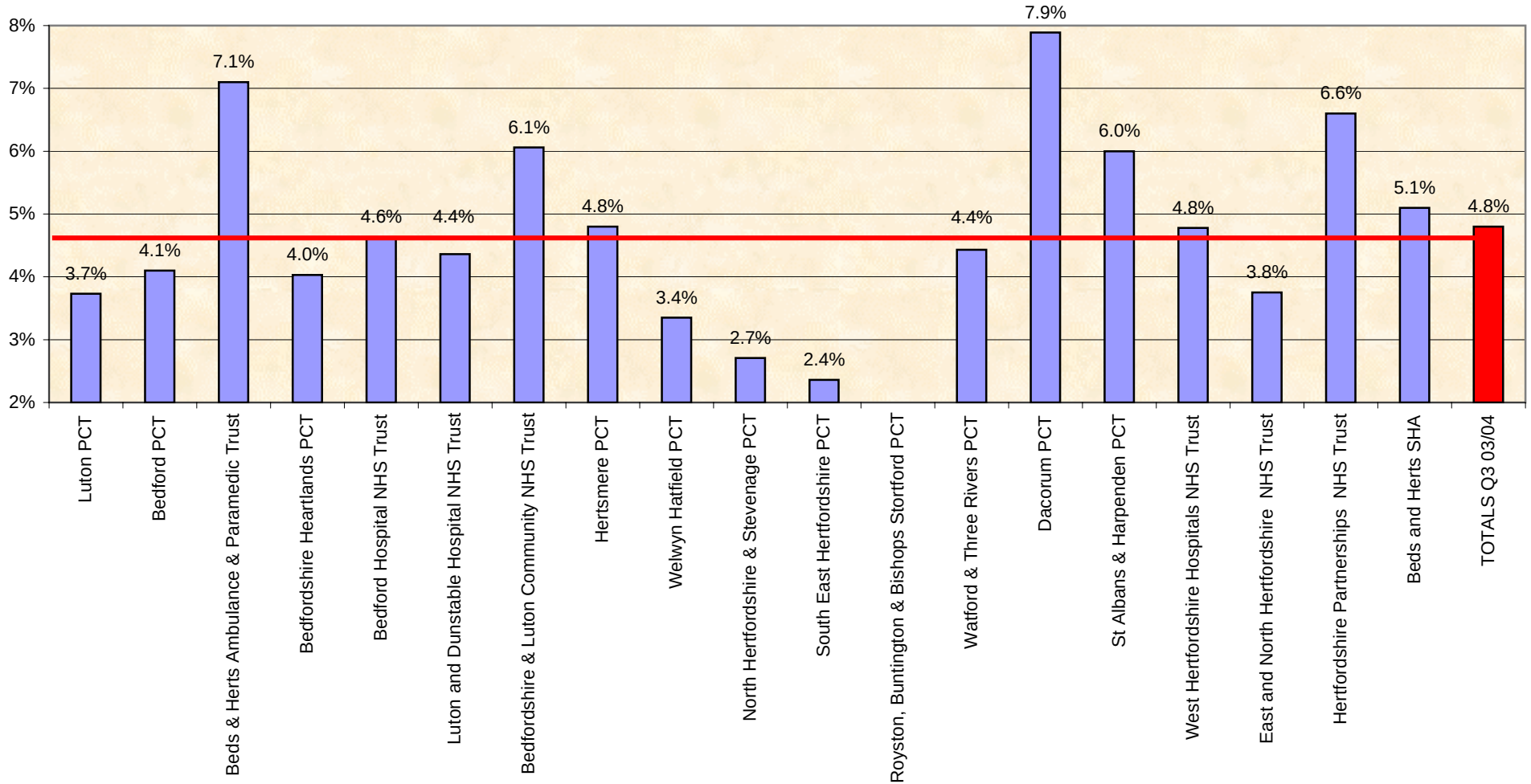


Total increase of approx. 330 nurses and midwives across Beds and Herts compared to Q1 2002/03

Largest increases of nursing staff are at West Herts Hospitals (130 staff) and East & North Herts NHST (50 staff)

Bedfordshire and Hertfordshire Organisations

Sickness rates (all staff) as at Q3



Agenda Item No: 62/04

West Hertfordshire Hospitals NHS
NHS Trust

From: Director of Finance

To: Trust Board– 17th June 2004

Subject: Financial Report for period April to May 2004

Executive Summary

Action: The Trust Board is asked to note the contents of the attached report and:

- The Trust's revenue budget for the year is £241M. There is an opening budgeted deficit of £3.3m comprising shortfall on consultant's contract of £1.4M and other unfunded cost pressures. This is after setting a target of £4.5M of cost improvements for the year.

- In order to balance the budget the Trust in conjunction with the West Herts PCT's is producing a Financial Recovery Plan for the Quadrant.

- At the end of May the Trust is £1.2M overspent, of which £550K is attributable to the opening budget deficit and £428K to non-achievement of savings plans.

- The overspending Divisions have been asked to produce immediate action plans to bring their budgets back into line.

- The Trust has not yet been notified of its CRL for the year. This is expected at the end of June. However, the Capital Programme forecast expenditure for the year is £14m of which £715K has been spent so far.

- The Trust had £6.3M net cash available at the end of May. The Trust's notified External Financing Limit (EFL) has not yet been advised.

West Hertfordshire Hospitals NHS
NHS Trust

From: **Director of Finance**

To: **Trust Board – 17th June 2004**

Subject: **Financial Report for period April to May 2004**

1.0 Introduction

1.1 The information contained in this report represents the financial position of the Trust for the 2 months ending 31st May 2004. The financial position is summarised in Table 1 below.

1.2 At the end of May the Trust is reporting a deficit of £1.2M. This includes a two-month share of the opening budget deficit of £3.3M, which amounts to £550K.

Table 1, Financial Position as at the end of March

	Annual Budget £'Ms	Budget Year to Date £'Ms	Actual Year to Date £'Ms	Variance Year to Date £'Ms
Income	240.8	40.2	39.9	-0.3
Expenditure	238.6	36.7	37.6	-0.9
Operating Surplus/(Deficit)	2.2	3.5	2.3	-1.2
Dividend/Interest	-5.5	-0.9	-0.9	0.0
Surplus/(Deficit)	-3.3	2.6	-1.4	-1.2

Attributable to:				
Opening Deficit	-3.3	-0.5	0	-0.5
Operational Deficit	0	0	-0.7	-0.7

(Source: Appendix 1)

2.0 Income (Appendix 1)

2.1 The Trust has agreed the LDP with the West Herts PCTs in total but is awaiting agreement on the total amount due to the Trust and its apportionment between the PCTs. This should be finalised by the end of June and this report is based upon the Trust's understanding of the agreement. Only eight of the smaller SLAs have been agreed so far. The major commissioners, as usual, are finalising local arrangements first. This includes both East Herts PCTs and Beds PCTs.

Proposals have been sent to all commissioners outlining the generic and local cost pressures that the Trust needs funding, together with a calculation of the changes to baseline values to reflect over/under performance in 2003-04. Early indications are that some of our larger commissioners are reluctant to fund additional activity or costs associated with A & E activity arguing that this is an issue for the West Herts PCTs only. This is being contested. The SLAs should be finalised by the middle of July.

2.2 Other Income in respect of Private Patients and car parking was less than forecast by £102K and £23K respectively. Private patient income for the Cancer division was the lowest for two years. This is of concern given that the Cancer Centre has been able to make full use of the Linear accelerator that became operational in March. Income from the Knutsford suite was below target but with the appointment of a dedicated manager and with an advertising campaign about to commence, the current shortfall of 9K is not thought to be recurrent. Other Directorate income was £270K below forecast. Some of this is attributable to income from the WDC and Social Services that is still being negotiated.

3.0 Expenditure (Appendix 2)

3.1 The position against the budget set is shown at Appendix 2. This shows a pay overspend of £230K and non-pay of £370K. The Trust has put in place cost improvement savings of £4.5M. It appears that savings are not being made as expected by the Divisions and urgent action must be taken to bring budgets back in line. There will be a much greater focus on manpower figures and whole time equivalents. Managers will be expected to live within their budgeted wte that will reflect the savings that they are committed to deliver. In the past such savings have been shown as a separate line rather than a reduction in headcount. A summary is set out below table 2:

Table 2, WTE by Divison

Division	Budgeted WTE	Actual WTE	Notional Vacancies WTE	Spend on Bank/Agency £000
Medicine	891.89	895.00	-3.11	642
Surgery	1,029.00	923.00	106.00	511
Cancer	360.58	340.24	20.34	74
Plastics/Burns	165.45	154.10	11.35	99
Women's' Services	401.00	340.00	61.00	493
Clinical Support	684.92	622.68	62.24	57
Facilities	42.77	38.97	3.80	0
Corporate	634.39	640.07	-5.68	15
Total	4,210.00	3,954.06	255.94	1,891

Agency and bank staff will in most cases have filled the vacancies detailed in the table above. However, it should be noted that the budgeted headcount is over-stated because of the need to reduce headcount to meet the savings targets. This is being incorporated into budgets.

3.2 Currently the Surgical Division is giving the greatest cause for concern because of its level of over-spending. At the end of May it was overspent by £312K. The main areas of overspend were:

- Pay/agency spending on ITU units at Hemel and Watford, £28K, and Hemel Theatres, £49K;
- Medical locum costs on Anaesthetics at Watford, £13K;
- Anaesthetic drugs £30K;
- Shortfall on the savings target of £142K.

3.3 Medicine is £112K overspent which is mainly attributable to additional locum support within Accident and Emergency to maintain the current exceptional performance on meeting trolley wait targets. However this is significantly above the agreed funded plan for emergency activity. In addition there are overspend s on the non-pay budgets at ward level.

3.4 The Cancer Division is £122K overspent. This is mainly due to high cost drugs exceeding budget. Whilst it should be noted that additional funding has been received from PCTs, the reason for the overspend is currently not understood and is being investigated. Some PCTs only pay on an individual patient basis and the overspend may be attributable to a backlog in invoicing.

3.5 Women's services experienced a much higher workload than normal through SCBU during the first two months and this has had an impact on their staffing budget, causing an overspend of £64K.

3.6 Facilities overspend by £141K. This was caused by a combination of overspend including postage, utilities, waste management training and telecoms. These are being investigated to determine if they are recurrent.

3.7 Monthly budget review meetings are being held with each Division. The meetings will focus on the performance of individual departments rather than the totality of the Division. Departmental managers and ward managers will be asked to account for their financial position to the Executive. This will be a much more focussed approach than in previous years and will ensure that all levels of the Trust are held responsible for financial management.

3.8 In producing this financial position the Divisions have been recompensed for all costs incurred on waiting lists and waiting time targets.

4.0 Capital Expenditure (Appendix 3)

4.1 The planned capital programme for 2004/05 stands at £14m, the individual schemes are outlined at Appendix 3. The 2004/05 over-commitment of £1.2m against the expected funding was discussed at the May 2004 meeting of the Capital Programme Group. Proposed re-phasing of expenditure into 2005/06 for specific schemes was designated. This revised phasing is currently being confirmed with the project leads. Allowing for this slippage, the aggregate 2004/05 programme is in balance.

4.2 There has not been a formal Capital Resource Limit (CRL) notification for 2004/05. However the funding assumptions used to underpin the programme are considered to be prudent.

4.3 The capital expenditure for April-May 2004 amounts to £715k and details of expenditure by scheme at Appendix 3.

5.0 Breakeven

5.1 The Trust as part of its commitment to the LDP process has agreed to release £4.5M of savings through greater efficiency and cost reduction. It should be noted that this was after rebasing the budgets to cover the outturn overspends for 2003/04. Not all Divisions have been able to fully identify specific savings plans to cover their share of the overall target. Most Divisions have set budgets so that each department or ward shares in the responsibility and achievement of the savings. This ensures budget accountability is at the most appropriate level within the Trust. The overall delivery of savings is a Divisional responsibility, which has been agreed.

5.2 A Financial Recovery Board has been set up for the Health Economy in order to address the underlying deficit within West Herts Quadrant The Board is chaired by the StHA and has Trust and PCT representatives. A Financial Recovery Plan is being developed which will form the basis of a request for financial support from the NHS Executive whilst services and sites are brought more in line with the proposals in Investing in Your Health so that long-term financial balance can be secured. This plan will accommodate the Trust's opening budget deficit of £3.3m.

6.0 Cash (Appendix 4)

6.1 The Trust had £6.3M net cash balances at the end of May. The cumulative number of invoices paid within 30 days was 13,216, representing 95.1% of the total bills paid. The national target is 95%. In addition the cumulative value of invoices paid within 30 days was £7.7M representing 93.6% of all bills paid against the national target of 95%.

7.0 Activity

7.1 As referred to above, most SLAs have not yet been agreed. It is therefore not possible to compare activity against plan. However, this will become of great importance as the new regime of Financial Flows will cover 48 of the most common HRGs. Where the Trust is below planned levels for a PCT for anyone of those HRGs, that PCT will be entitled to withdraw the full cost of the shortfall. Similarly, if the Trust exceeds activity it will be entitled to the full cost of the additional activity. Overall, this will mean that the Trust income will become more volatile and that there will have to be much tighter management of individual PCT activity.

8.0 Recommendation

8.1 The Trust Board is invited to note the contents of this report and that Divisions have been asked to respond urgently with proposals to break even.

Vincent Doherty
Interim Director of Finance
17 June 2004

WEST HERTFORDSHIRE HOSPITALS NHS TRUST **Appendix 1**

FINANCIAL POSITION FOR 2 MONTHS ENDED 31 MAY 2004

	Annual Budget Income/ Expenditure £'000	Proportion of Budget to 31.5.04 £'000	Actual Income/ Expenditure to 31.5.04 £'000	Variance Adverse(-)/ Favourable to 31.5.04 £'000	Change in the Month £'000
INCOME					
West Hertfordshire PCTs	165,905	27,651	27,651	0	0
East Hertfordshire PCTs	3,673	612	612	0	0
Hillingdon PCT	12,753	2,125	2,125	(0)	(0)
Brent & Harrow PCTs	6,710	1,118	1,118	0	0
Bedfordshire PCTs	3,834	639	639	0	0
Barnet PCTs	2,137	356	356	0	0
Buckinghamshire PCTs	2,014	336	336	0	0
Ealing, H'smith & Hounslow PCTs	1,268	211	211	0	0
Berkshire PCTs	1,710	285	285	0	0
Other PCTs	2,180	363	363	0	0
Sub-total	202,183	33,697	33,697	(0)	(0)
Private Patients	5,057	843	741	(102)	(102)
National Levies	10,372	1,729	1,767	39	39
Other NHS Income:					
Hertfordshire Partnership Trust	4,847	808	881	73	73
Hillingdon SLA	2,905	484	481	(3)	(3)
EST Income	1,316	219	191	(28)	(28)
Tablet Packing Unit	1,408	235	236	2	2
Other Non NHS Income:					
Car Parking/Accommodation	1,550	250	227	(23)	(23)
Other Directorate Income	11,178	1,902	1,632	(270)	(270)
Total Other Income	38,632	6,469	6,156	(313)	(313)
Total Income	240,815	40,166	39,853	(313)	(313)
EXPENDITURE					
Pay	140,053	23,821	24,051	(230)	(230)
Non-Pay	68,892	11,798	12,167	(370)	(370)
Specific items	21,991	- 194	16	(210)	(210)
Depreciation	7,654	1,276	1,292	(17)	(17)
Total Expenditure	238,589	36,700	37,527	(827)	(827)
OPERATING SURPLUS	2,226	3,466	2,327	(1,139)	(1,139)
Dividend Payable	(5,918)	(986)	(1,029)	(42)	(42)
Interest Receivable	400	67	72	5	5
Profit/Loss (-) on Disposal & Impairments	0	0		0	0
BREAKEVEN	(3,292)	2,546	1,370	(1,177)	(1,177)

WEST HERTFORDSHIRE HOSPITALS NHS TRUST

FINANCIAL POSITION FOR 2 MONTHS ENDED 31 MAY 2004

Appendix 2

	PAY				NON-PAY				INCOME				TOTAL				
	Annual Budget	Year to Date Actual	Year to Date Budget	Year to Date Variance Fav/(Adv)	Annual Budget	Year to Date Actual	Year to Date Budget	Year to Date Variance Fav/(Adv)	Annual Budget	Year to Date Actual	Year to Date Budget	Year to Date Variance Fav/(Adv)	Annual Budget	Year to Date Actual	Year to Date Budget	Year to Date Variance Fav/(Adv)	Change in the Month
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medicine	30,893	5,403	5,261	(143)	8,729	1,424	1,468	44	(2,105)	(337)	(351)	(14)	37,517	6,490	6,378	(112)	(112)
Waiting List	407	448	441	(7)	0	(5)	0	5	0				407	443	441	(2)	(2)
Surgery	35,946	6,112	6,003	(108)	10,515	1,954	1,790	(164)	(1,135)	(150)	(189)	(39)	45,326	7,916	7,604	(312)	(312)
Cancer	13,161	2,136	2,194	57	6,587	1,323	1,229	(94)	(4,486)	(733)	(818)	(86)	15,262	2,726	2,604	(122)	(122)
Plastics & Burns	5,854	1,017	976	(41)	1,326	198	221	23	(245)	(12)	(41)	(29)	6,934	1,202	1,156	(47)	(47)
Women's Services	13,514	2,318	2,252	(66)	1,891	304	315	11	(744)	(87)	(97)	(10)	14,661	2,535	2,471	(64)	(64)
Clinical Support (incl. Therapies)	21,422	3,559	3,570	12	8,377	1,444	1,396	(48)	(6,396)	(1,050)	(1,066)	(16)	23,402	3,953	3,900	(52)	(52)
Facilities	1,074	182	179	(3)	16,546	2,940	2,831	(110)	(2,985)	(456)	(485)	(28)	14,635	2,666	2,525	(141)	(141)
Corporate Services	17,670	2,875	2,945	70	12,210	2,129	2,098	(31)	(8,021)	(1,250)	(1,337)	(87)	21,859	3,754	3,706	(48)	(48)
Sub-total	139,941	24,051	23,821	(230)	66,180	11,711	11,348	(363)	(26,119)	(4,076)	(4,384)	(307)	180,002	31,686	30,785	(901)	(901)
Specific items (Unallocated Developments)		0		0	21,991	16	(194)	(209)					21,991	16	(194)	(209)	(209)
Central Income									(214,183)	(35,686)	(35,697)	(11)	(214,183)	(35,686)	(35,697)	(11)	(11)
Depreciation					7,654	1,292	1,276	(17)	(513)	(91)	(86)	6	7,141	1,201	1,190	(11)	(11)
MVH Rent					2,099	353	350	(4)					2,099	353	350	(4)	(4)
Leases					600	103	100	(3)					600	103	100	(3)	(3)
Interest receivable/Dividend payable					5,518	957	920	(37)					5,518	957	920	(37)	(37)
Profit / loss on disposal & Impairment					0	0	0	0					0	0	0	0	0
TOTAL	139,941	24,051	23,821	(230)	104,042	14,433	13,799	(634)	(240,815)	(39,853)	(40,166)	(313)	3,167	(1,370)	(2,546)	(1,177)	(1,177)
Brought Forward	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Movement in Month	139,941	24,051	23,821	(230)	104,042	14,433	13,799	(634)	(240,815)	(39,853)	(40,166)	(313)	3,167	(1,370)	(2,546)	(1,177)	

CAPITAL SCHEME MONITORING REPORT APRIL-MAY 2004

SCHEME DESCRIPTION	Original Allocation 2004/05 £000	Proposed Slippage into 2005/06 £000	Revised Allocation 2004/05 £000	Capital Expenditure April-May 2004 £000	Forecast Expenditure June 2004 - March 2005 £000	Forecast Scheme Expenditure 2004/05 £000	Projected Scheme Variance Against Revised Allocation £000	Expenditure Committed ?	Budgetholder
IMPLEMENTATION (PHASE 3)									
BUILDINGS CONSTRUCTION/REFURBISHMENT									
Dermatology re-development, WGH	674		674	4	670	674	0	Y	PB
Nurseries - WGH/SACH	65		65	31	34	65	0	Y	PM
Develop Ophthalmology at SACH	892		892		892	892	0	Fees committed	WW
Decontamination - sterilisation equipment (CJD funding)	561	-361	200	1	199	200	0	N	MJ
Fixed catheter laboratory	142		142	90	52	142	0	Y	KM
Cancer development - 2 linear accelerators (LA4/5)	1,581		1,581		1,581	1,581	0	Y	KM
Cancer development and plastics and burns re-development - proj mgt/design/enabling works	2,719	-300	2,419	13	2,406	2,419	0	Fees committed	KM
Develop new endoscopy suite at HHGH	677		677	73	604	677	0	Y	WW
Additional endoscopy suite at WGH	300		300		300	300	0	Fees committed	PB
ENT redevelopment, WGH/HHGH	100	-100	0		0	0	0	N	KM
Margaret Ward / Hornets Ward re-configuration	1,450		1,450		1,450	1,450	0	N	ER
Replacement EST accommodation at HHGH	28		28	27	1	28	0	Y	KM
Pathology on-call room	25		25		25	25	0	Y	GF
GP out-of-hours facility, SACH (STARDOC)	53		53		53	53	0	Y	WW
Breast centralisation - SACH	892		892	24	868	892	0	Fees committed	WW
Replacement CT scanner WGH	720		720		720	720	0	Y	SD
Action on ENT - HPT service - Paediatric audiology	146	-146	0		0	0	0	N	WW
Nursery, HHGH	105	-105	0		0	0	0	N	PM
Ridge ward, WGH	35		35		35	35	0	Y	PB
Retinopathy, WGH	9		9		9	9	0	Y	BH
Hanover ward - bring back into clinical use	100		100	3	97	100	0	Y	WW
sub-total - building construction/refubishment	**11,274**	**-1,012**	**10,262**	**266**	**9,996**	**10,262**	**0**		

BACKLOG MAINTENANCE									
Hot and cold water systems	64		64	2	62	64	0	Y	MB
Emergency lighting, PMOK, WGH	11		11		11	11	0	Y	BL
Emergency lighting, maternity block, WGH	21		21		21	21	0	Y	BH
Radiator covers - Tudor HH, Moynihan SACH	29		29		29	29	0	Y	BH
Fixed electrical testing, PMOK, WGH	40		40	1	39	40	0	Y	BL
Revise fire alarm network - Marnham Wing/Main Block HHGH	18		18		18	18	0	Y	BH
Repair water feed to boilers, WGH	17		17		17	17	0	Y	JD
New gas connections, kitchen, WGH	13		13		13	13	0	Y	JD
Lead shielding, Estates office, HHGH	11		11		11	11	0	Y	KA
LG10 lift examinations	23		23		23	23	0	Y	KA
Repairs GUM doors	19		19	21	-2	19	0	Y	KA
Car Parking / Fence Repair - SACH	7		7	8	-1	7	0	Y	BH
Roof repairs - Cherry Tree House, WGH	2		2		2	2	0	Y	BH
Repair stretcher doors, PMOK	11		11		11	11	0	Y	KM
Drain repairs, WGH	3		3		3	3	0	Y	BH
Replacement elec control panel - mat block	29		29		29	29	0	Y	BH
Replacement LV panel - mat block, wgh (install 05/06)	137	-75	62	13	49	62	0	Y	BH
Radiator covers - PMOK/Mat blocks, WGH	29		29		29	29	0	Y	BH
Building management system, WGH - feasibility study for renewal	25		25		25	25	0	Y	RS
Support structure - mat block car park, WGH	47		47		47	47	0	Y	BH
Renew fracture clinic ventilation - PMOK, WGH	140		140		140	140	0	Y	BH
External guarding - WGH/SACH	60		60		60	60	0	Y	BH
Generators - electrical panels	20		20		20	20	0	Y	MH
Lifts - WGH/HH	75		75	45	30	75	0	Y	BH
Chiller repairs - WGH theatres	22		22		22	22	0	Y	JD
Replacement of chillers - Tudor block, HHGH	100		100		100	100	0	Y	KA
Pressure vessel inspection - WGH	16		16		16	16	0	Y	JD
Install phone links to lifts, HHGH	25		25		25	25	0	Y	KA
CAD dawings	0		0	10	0	10	-10	N/A	BH
System clean - Verulum/Windsor	0		0	17	0	17	-17	N/A	KA
Fire doors - Tudor, HHGH	15		15		15	15	0	Y	KA
unallocated - backlog contingency	175		175		175	175	0	N	KM
sub-total - backlog maintenance	1,204	-75	1,129	117	1,039	1,156	-27		

EQUIPMENT									
Decontamination - instrumentation (CJD funding)	319	-100	219	63	156	219	0	Y	MJ
Request form scanner, pathology	28		28	27	1	28	0	Y	GF
Electronic ventilator - SCBU	24		24	24	0	24	0	Y	IB
Lab autoclaves (2) - microbiology	103		103		103	103	0	Y	JR
NICU	30		30	30	0	30	0	Y	IB
Audiology equipment	152		152		152	152	0	Y	EB
A&E equipment	25		25		25	25	0	Y	LG
Replacement X-ray room, SACH	85		85		85	85	0	Y	SD
Unallocated	101		101		101	101	0	N	JR/IB
sub-total - equipment	**867**	**-100**	**767**	**144**	**623**	**767**	**0**		
FACILITIES									
Maternity reception and bedstore	4		4		4	4	0	Y	PM
Switchboard upgrade, WGH	15		15		15	15	0	Y	PM
CCTV, A&E HHGH	10		10	11	-1	10	0	Y	PM
Re-decoration	25		25		25	25	0	Y	PM
Catering equipment, WGH	15		15	24	-9	15	0	Y	PM
Replace outer doors, Verulum , HHGH	6		6		6	6	0	Y	PM
sub-total - facilities	**75**	**0**	**75**	**35**	**40**	**75**	**0**		
INFORMATION TECHNOLOGY									
Infrastructure developments - WHHT focus	481	-100	381	3	378	381	0	Y	JD
Pathology modernisation	109		109	26	83	109	0	Y	JD
Infrastructure developments - national programmes	79		79	45	34	79	0	Y	JD
sub-total - information technology	**669**	**-100**	**569**	**74**	**495**	**569**	**0**		
SUB-TOTAL - SCHEME IMPLEMENTATION	**14,089**	**-1,287**	**12,802**	**636**	**12,193**	**12,829**	**-27**		
DETAILED DESIGN (PHASE 2)/STRATEGY DEVELOPMENT									
Masterplan - Cardiff Rd development	40		40		40	40	0	Y	KM
Feasibility studies - schemes in outline	20		20		20	20	0	Y	KM
Estates strategy survey - 6 facet	19		19	10	9	19	0	Y	RS
DDA survey	29		29		29	29	0	Y	RS
Asbestos survey	35		35		35	35	0	Y	JD
Fire surveys - maternity block, WGH	7		7		7	7	0	Y	PB
Fire surveys - PMOK, WGH	10		10		10	10	0	Y	PB
Fire surveys - Moynihan	44		44	22	22	44	0	Y	PB
SUB-TOTAL - DETAILED SCHEME DESIGN	**204**	**0**	**204**	**32**	**172**	**204**	**0**		

HEALTH ECONOMY REVENUE CONTRIBUTION	500	0	500	0	500	500	0	Y	DL
RESIDUAL SPEND - CLOSED SCHEMES	0		0	-9	0	-9	9	Y	
SPEND-TO-SAVE SCHEMES									DL
Beds	6		6	6	0	6	0	Y	PM
Unallocated	194		194		194	194	0	N	VD/LG
SUB-TOTAL - SPEND-TO-SAVE SCHEMES	200		200	6	194	200	0		LG
CAPITAL PLANNING STAFF COSTS	240		240	50	190	240	0		LG
OVER/UNDER-COMMITMENT (-/+)	-1,259	1,287	28	0	0	0	28		LG
TOTAL EXPENDITURE	**13,974**	**0**	**13,974**	**715**	**13,249**	**13,964**	**10**		

FUNDING AVAILABLE	**£000**
NHS Funding	
Operational (Block) Capital	4,745
CT scanner - equipment	600
CT scanner - buildings	50
Access funding from SHA	615
Radiotherapy	2,000
Breast scheme	900
Retinopathy, WGH - W&TR PCT contribution	9
STARDOC	160
Audiology equipment	152
Margaret Ward / Hornets Ward Re-configuration	1,450
CRL undershoot 03/04	3,158
sub-total	**13,839**
Other Funding	
LA3 bunker refurbishment - contribution from charitable funds	135
sub-total	**135**
TOTAL FUNDING	**13,974**

WEST HERTFORDSHIRE HOSPITALS NHS TRUST

APPENDIX 4

BALANCE SHEET AS AT 31st MAY (P2) 2004 (BOARD REPORT)

	ACTUAL 01/04/04 £'000	ACTUAL 31/05/04 £'000	FORECAST 31/03/05 £'000
FIXED ASSETS			
Land	39,946	42,915	80,155
Buildings	94,102	100,763	107,877
Dwellings	10,693	11,491	12,612
Fixtures	2,883	3,073	2,852
Plant & Equipment	9,436	9,347	10,435
I.M. & T.	2,450	2,337	3,870
A.I.C.O.C.	8,018	9,182	3,292
A.I.C.O.C. from donations	143	149	6
Intangible Fixed Assets	114	108	78
Total Fixed Assets	**167,785**	**179,365**	**221,177**
CURRENT ASSETS			
Stocks & W.I.P.	2,755	2,755	2,755
Debtors - NHS iro Prov / Early ret **(Back To Back)**	966	966	966
Debtors - NHS Other	8,596	10,337	8,596
Debtors - Non NHS Capital	0	0	0
Debtors - Non NHS Other	8,926	7,610	5,426
Cash in hand & at bank	122	6,399	122
Cash Invested	0	0	0
Total Current Assets	**21,365**	**28,067**	**17,865**
CURRENT LIABILITIES < 1 Year			
Creditors - NHS	3,354	4,016	3,354
Creditors - Non NHS Trade	9,798	15,742	13,405
Creditors - Non NHS Non Trade	4,451	5,879	4,451
Creditors - Non NHS Capital	1,725	540	1,725
Bank Overdraft	122	126	122
Dividend Provision	0	1,029	0
Total Current Liabilities	**19,450**	**27,332**	**23,057**
Net Current Assets/(Liabilities)	**1,915**	**735**	**(5,192)**
Other Debtors Due >1 Year	443	454	443
Provision For Liabilities & Charges	6,186	6,186	6,186
Total Net Assets	**163,957**	**174,368**	**210,242**
CAPITAL & RESERVES			
PDC	135,567	135,567	138,315
Total Originating Capital Debt	**135,567**	**135,567**	**138,315**
Income & Expenditure A/C (in year movement)	0	**(1,639)**	(3,292)
Income & Expenditure Reserve (as at 01.04.03)	(322)	**(322)**	(322)
Transfer from Revaluation Reserve	3,587	**3,587**	3,587
Prior Yr Adj-Pension Pre 95	(4,567)	**(4,567)**	(4,567)
Revaluation Reserve	25,462	**37,454**	72,490
Realised Donation Reserve	0	**0**	0
Donation Reserve	4,230	**4,288**	4,031
Total Capital & Reserves	**163,957**	**174,368**	**210,242**

The Trust is required to meet the following targets:

(Capital Resource Limit).This is the amount of Capital funding allocated to the Trust for the current year : £ 13,770k as at 31/05/04.

(External Finance Limit) This is the amount of cash available for the Trust to fund the CRL for the current year (CRL less planned depreciation, less capital underspend 02/03) : £2,748k as at 31/05/04.

(Public Sector Payment Policy) - minimum 90%.

	Month	Cumulative
Number of invoices paid within 30 days	6,916	13,216
Percentage of invoices paid within 30 days	95.05%	95.24%
Value of invoices paid within 30 days (£k)	7,719	11,443
Percentage of invoices paid within 30 days	93.56%	94.08%

Agenda Item No. 63/04

West Hertfordshire Hospitals NHS
NHS Trust

From: Director of Finance

To: Trust Board – 1st July 2004

Subject: **2003/04 Annual Accounts**

Action: For approval.

Attached are the un-audited Trust Accounts for 2003/04 which have been reviewed by the Audit Committee members. Also attached are the un-audited Charitable Funds accounts for 2003/04. Copies of these have been sent to the Charitable Funds Committee members for review.

Both sets of accounts are currently being audited and the Audit Commission will present the audited accounts, together with their findings, to a special Audit Committee on 21st July.

The Board is requested to approve the un-audited accounts, and to delegate authority to the Chairman of the Audit Committee to approve the audited accounts on behalf of the Board at the special Audit Committee.

2003-04 Annual Accounts of West Hertfordshire Hospitals NHS Trust
STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers' Memorandum issued by the Department of Health.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

.....Date.....Chief Executive

2003-04 Annual Accounts of West Hertfordshire Hospitals NHS Trust
STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors are required under the National Health Services Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure of the trust for that period. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury

- make judgements and estimates which are reasonable and prudent

- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirement outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board

.....Date.....Chief Executive

.....Date.....Finance Director

FOREWORD TO THE ACCOUNTS

WEST HERTFORDSHIRE HOSPITALS NHS TRUST

These accounts for the year ended 31 March 2004 have been prepared by the West Hertfordshire Hospitals NHS Trust under section 98(2) of the National Health Service Act 1977 (as amended by section 24(2), schedule 2 of the National Health Service and Community Care Act 1990) in the form which the Secretary of State has, with the approval of the Treasury, directed. New requirements for 2003/04 are shown in italics.

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 March 2004

	NOTE	£000	2002/03 £000
Income from activities:			
Continuing operations	3	**180,483**	179,535
Other operating income			
Continuing operations	4	**34,615**	30,722
Operating expenses:			
Continuing operations	5-7	**(209,805)**	(191,326)
OPERATING SURPLUS (DEFICIT)			
Continuing operations		**5,293**	18,931
Cost of fundamental reorganisation/restructuring		**0**	0
Profit (loss) on disposal of fixed assets	8	**(915)**	1,106
SURPLUS (DEFICIT) BEFORE INTEREST		**4,378**	20,037
Interest receivable		**768**	566
Interest payable	9	**0**	(10)
Other finance costs - unwinding of discount	16	**(204)**	(343)
Other finance costs - change in discount rate on provisions	16	**(87)**	0
SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR		**4,855**	20,250
Public Dividend Capital dividends payable		**(5,374)**	(8,582)
RETAINED SURPLUS (DEFICIT) FOR THE YEAR		**(519)**	11,668

NOTE TO THE INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 March 2004

	£000	2002/03 £000
Retained surplus/(deficit) for the year	**(519)**	11,668
Financial support included in retained surplus/(deficit) for the year	**0**	0
Retained surplus/(deficit) for the year excluding financial support	**(519)**	11,668

BALANCE SHEET AS AT 31 March 2004

	NOTE	£000	31 March 2003 £000
FIXED ASSETS			
Intangible assets	10	**114**	149
Tangible assets	11	**167,671**	161,060
Investments	14.1	**0**	0
		167,785	161,209
CURRENT ASSETS			
Stocks	12	**2,755**	2,661
Debtors	13	**18,931**	23,830
Investments	14.2	**0**	0
Cash at bank and in hand	18.3	**122**	159
		21,808	26,650
CREDITORS: Amounts falling due within one year	15	**(19,450)**	(15,096)
NET CURRENT ASSETS		**2,358**	11,554
TOTAL ASSETS LESS CURRENT LIABILITIES		**170,143**	172,763
CREDITORS: Amounts falling due after more than one year	15	**0**	0
PROVISIONS FOR LIABILITIES AND CHARGES	16	**(6,186)**	(6,532)
TOTAL ASSETS EMPLOYED		**163,957**	166,231
FINANCED BY:			
TAXPAYERS' EQUITY			
Public dividend capital		**135,567**	144,228
Revaluation reserve	17	**25,462**	19,705
Donated Asset reserve	17	**4,230**	5,164
Government grant reserve	17	**0**	0
Other reserves	17	**0**	0
Income and expenditure reserve	17	**(1,302)**	(2,866)
TOTAL TAXPAYERS EQUITY		**163,957**	166,231

Signed: ……(Chief Executive)

Date: ……

Signed: ……(Director of Finance)

Date: ……

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 March 2004

	£000	2002/03 £000
Surplus (deficit) for the financial year before dividend payments	**4,855**	20,250
Fixed asset impairment losses	**(5,112)**	(6,565)
Unrealised surplus on fixed asset revaluations/indexation	**13,195**	21,571
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	**169**	1,415
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	**(1,346)**	(361)
Additions/(reductions) in "other reserves"	**0**	0
Total recognised gains and losses for the financial year	**11,761**	36,310
Prior period adjustment		
- Pre-95 early retirement	**0**	(4,567)
- Other	**0**	0
Total gains and losses recognised in the financial year	**11,761**	31,743

CASH FLOW STATEMENT FOR THE YEAR ENDED
31 March 2004

	NOTE	£000	2002/03 £000
OPERATING ACTIVITIES			
Net cash inflow(outflow) from operating activities	18.1	**20,019**	(7,157)
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:			
Interest received		**757**	555
Interest paid		**0**	0
Interest element of finance leases		**0**	0
Net cash inflow/(outflow) from returns on investments and servicing of finance		**757**	555
CAPITAL EXPENDITURE			
Payments to acquire tangible fixed assets		**(12,064)**	(9,308)
Receipts from sale of tangible fixed assets		**5,323**	2,175
(Payments to acquire)/receipts from sale of intangible assets		**0**	0
(Payments to acquire)/receipts from sale of fixed asset investments		**0**	0
Net cash inflow (outflow) from capital expenditure		**(6,741)**	(7,133)
DIVIDENDS PAID		**(5,374)**	(8,582)
Net cash inflow/(outflow) before management of liquid resources and financing		**8,661**	(22,317)
MANAGEMENT OF LIQUID RESOURCES			
Purchase of current asset investments		**0**	0
Sale of current asset investments		**0**	0
Net cash inflow (outflow) from management of liquid resources		**0**	0
Net cash inflow (outflow) before financing		**8,661**	(22,317)
FINANCING			
Public dividend capital received		**7,373**	24,102
Public dividend capital repaid (not previously accrued)		**(16,034)**	(1,785)
Public dividend capital repaid (accrued in prior period)		**0**	0
Loans received		**0**	0
Loans repaid		**0**	0
Other capital receipts		**0**	0
Capital element of finance lease rental payments		**0**	0
Cash transferred from/to other NHS bodies		**0**	0
Net cash inflow (outflow) from financing		**(8,661)**	22,317
Increase (decrease) in cash		**0**	0

NOTES TO THE ACCOUNTS

1 ACCOUNTING POLICIES

The Secretary of State for Health has directed that the financial statements of NHS Trusts shall meet the accounting requirements of the NHS Trusts Manual for Accounts which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2003/04 NHS Trusts Manual for Accounts issued by the Department of Health. The accounting policies contained in that manual follow UK generally accepted accounting practice for companies (UK GAAP) and HM Treasury's Resource Accounting Manual to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of certain fixed assets at their value to the business by reference to their current costs. NHS Trust are not required to provide a reconciliation between current cost and historical cost surpluses and deficits.

Income is recognised in the period in which services are provided. Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

1.2 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are acquired from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one NHS body to another.

1.3 Income Recognition

Income is accounted for applying the accruals convention. The main source of income for the Trust is from commissioners in respect of healthcare services provided under local agreements. Income is recognised in the period in which services are provided. Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

1.4 Intangible fixed assets

Intangible assets are capitalised when they are capable of being used in a Trust's activities for more the one year; they can be valued; and they have a cost of at least £5,000.

Intangible fixed assets held for operational use are valued at historical cost and are depreciated over the estimated life of the asset on a straight line basis, except capitalised Research and Development which is revalued using an appropriate index figure. The carrying value of intangible assets is reviewed for impairment at the end of the first full year following acquisition and in other periods if events or changes in circumstances indicate the carrying value may not be recoverable.

Purchased computer software licences are capitalised as intangible fixed assets where expenditure of at least £5,000 is incurred. They are amortised over the shorter of the term of the licence and their useful economic lives.

1.5 Tangible fixed assets

Capitalisation

Tangible assets are capitalised if they are capable of being used for a period which exceeds one year and

- individually have a cost of at least £5,000; or
- collectively have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- form part of the initial equipping and setting-up cost of a new building, ward or unit irrespective of their individual or collective cost

From 2003/04, the method of accounting for second hand assets, on acquisition, has been changed from disclosing gross cost and accumulated depreciation, to disclosing net acquisition cost. The Trust did not purchase any second hand assets during the year.

Valuation

Tangible fixed assets are stated at the lower of replacement cost and recoverable amount. On initial recognition they are measured at cost (for leased assets, fair value) including any costs such as installation directly attributable to bringing them into working condition. They are restated to current value each year. The carrying values of tangible fixed assets are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be

All land and buildings are restated to current value using professional valuations in accordance with FRS15 every five years and in the intervening years by the use of indices. The buildings index is based on the All in Tender Price Index published by the Building Cost Information Service (BCIS). The land index is based on the residential building land values reported in the Property Market Report published by the Valuation Office.

Professional valuations are carried out by the District Valuers of the Inland Revenue Government Department. The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual insofar as these terms are consistent with the agreed requirements of the Department of Health and HM Treasury. In accordance with the requirements of the Department of Health, the last asset valuations were undertaken in 1999 as at the prospective valuation date of 1 April 2000.

The valuations are carried out primarily on the basis of Depreciated Replacement Cost for specialised operational property and Existing Use Value for non-specialised operational property. The value of land for existing use purposes is assessed at Existing Use Value. For non-operational properties including surplus land, the valuations are carried out at Open Market Value.

Additional alternative Open Market Value figures have only been supplied for operational assets scheduled for imminent closure and subsequent disposal.

All adjustments arising from indexation and five-yearly revaluations are taken to the Revaluation Reserve. All impairments resulting from price changes are charged to the Statement of Total Recognised Gains and Losses. Falls in value when newly constructed assets are brought into use are also charged there. These falls in value result from the adoption of ideal conditions as the basis for depreciated replacement cost valuations.

Assets in the course of construction are valued at current cost using the indexes as for land and buildings, as above. These assets include any existing land or buildings under the control of a contractor.

The Trust has no residual interests in off-balance sheet Private Finance Initiative Properties.

Operational equipment other than IT equipment, which is considered to have nil inflation, is valued at net current replacement costs through annual uplift by the change in the value of the GDP deflator. Equipment surplus to requirements is valued at net recoverable amount.

Depreciation, amortisation and impairments

Tangible fixed assets are depreciated at rates calculated to write them down to estimated residual value on a straight-line basis over their estimated useful lives. No depreciation is provided on freehold land and assets surplus to requirements.

Assets in the course of construction are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Buildings and dwellings are depreciated on their current value over the estimated remaining life of the asset as advised by the District Valuer. Leaseholds are depreciated over the primary lease term.

Equipment is depreciated on current cost evenly over the estimated life of the asset.

Impairment losses resulting from short-term changes in price that are considered to be recoverable in the longer term are taken in full to the revaluation reserve. These include impairments resulting from the revaluation of fixed assets from their cost to their value in existing use when they become operational. This may lead to a negative revaluation reserve in certain instances.

Where the useful economic life of an asset is reduced from that initially estimated due to the revaluation of an asset for sale, depreciation is charged to bring the value of the asset to its value at the point of sale.

Where, under Financial Reporting Standard 11, a fixed asset impairment is charged to the Income and Expenditure Account, offsetting income may be paid by the Trust's main commissioner using funding provided by the NHS Bank.

1.6 Donated fixed assets

Donated fixed assets are capitalised at their current value on receipt and this value is credited to the Donated Asset Reserve. Donated fixed assets are valued and depreciated as described above for purchased assets. Gains and losses on revaluations are also taken to the Donated Asset Reserve and, each year, an amount equal to the depreciation charge on the asset is released from the Donated Asset Reserve to the Income and Expenditure account. Similarly, any impairment on donated assets charged to the Income and Expenditure Account is matched by a transfer from the Donated Asset Reserve. On sale of donated assets, the value of the sale proceeds is transferred from the Donated Asset Reserve to the Income and Expenditure Reserve.

1.7 Government Grants

The Trust has received no Government Grants.

1.8 Private Finance Initiative (PFI) transactions

The Trust has no current PFI contracts.

1.9 Stocks

Stocks are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to current cost due to the high turnover of stocks.

1.10 Research and development

Expenditure on research is not capitalised. Expenditure on development is capitalised if it meets the following criteria:

- there is a clearly defined project;
- the related expenditure is separately identifiable;
- the outcome of the project has been assessed with reasonable certainty as to:
  - its technical feasibility;
  - its resulting in a product or service which will eventually be brought into use;
- adequate resources exist, or are reasonably expected to be available to enable the project to be completed and to provide any consequential increases in working capital.

Expenditure so deferred is limited to the value of future benefits expected and is amortised through the income and expenditure account on a systematic basis over the period expected to benefit from the project. It is revalued on the basis of current cost. The amortisation charge is calculated on the same basis as used for depreciation i.e. on a quarterly basis. Expenditure which does not meet the criteria for capitalisation is treated as an operating cost in the year in which it is incurred. NHS Trusts are unable to disclose the total amount of research and development expenditure charged in the income and expenditure account because some research and development activity cannot be separated from patient care activity.

Fixed assets acquired for use in research and development are amortised over the life of the associated project.

1.11 Provisions

The Trust provides for legal or constructive obligations that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the Treasury's discount rate of 3.5% in real terms.
This is a change from the rate of 6% applied in 2002/03 and earlier. The effect of the change is to increase the carrying value of the provision and this is shown in the Income and Expenditure Account and at Note 16.

The Trust has entered into back to back arrangements with the Watford and Three Rivers Primary Care Trust covering £1m of the Trust's total provisions. Under arrangements establised under HSC 1999/146 the Trust is able to recover its full costs.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS Trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at note 16.

Since financial responsibility for clinical negligence cases was transferred to the NHSLA at 1 April 2002, the only charge to operating expenditure in relation to clinical negligence in 2003/04 relates to the Trust's contribution to the Clinical Negligence Scheme for Trusts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses as and when they become due.

1.12 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Scheme. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. As a consequence it is not possible for the Trust to identify its share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period. The total employer contribution payable in 2003/04 was £5,985,816 (£5,451,158 for 2002/03).

The notional surplus of the scheme is £1.1 billion as per the last scheme valuation by the Government Actuary for the

The Scheme is subject to a full valuation every four years (previously every five years). The last valuation took place as at 31 March 2003. Between valuations, the Government Actuary provides an update of the scheme liabilities. The latest assessment of the liabilities of the Scheme is contained in the Scheme Actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Resource Account, published annually. These accounts can be viewed on the NHS Pensions Agency website at www.nhspa.gov.uk. Copies can also be obtained from The Stationery Office.

NHS bodies are directed by the Secretary of State to charge employers pension costs contributions to operating expenses as and when they become due. Employer contribution rates are reviewed every four years following a scheme valuation carried out by the Government Actuary. On advice from the actuary the contribution may be varied from time to time to reflect changes in the scheme's liabilities. At the last valuation (31 March 1999) on which contribution rates were based employer contribution rates for 2002/03 were set at 14% of pensionable pay (2002/03 - 7%). Until 2002/03 HM Treasury paid the Retail Price Indexation costs of the NHS Pension scheme direct but as part of the Spending Review Settlement, these costs have been devolved in full. For 2003/04 the additional funding has been retained as a Central Budget by the Department of Health and has been paid direct to the NHS Pensions Agency and the employers' contribution has remained at 7%. From 2004/05 this funding will be devolved in full to NHS Pension Scheme employers and the employers' contribution rate will rise to 14%. Employees pay contributions of 6% (manual staff 5%) of their pensionable pay.

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th of the best of the last three years pensionable pay for each year of service. A lump sum normally equivalent to 3 years pension is payable on retirement. Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. On death, a pension of 50% of the member's pension is normally payable to the surviving spouse.

Early payments of a pension, with enhancement, is available to members of the Scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and up to five times their annual pension for death after retirement, is payable.

The Scheme provides the opportunity to members to increase their benefits through money purchase Additional Voluntary Contributions (AVCs) provided by an approved panel of life companies. Under the arrangement the employee can make contributions to enhance an employee's pension benefits. The benefits payable relate directly to the value of the investments made.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. For early retirements not funded by the scheme, the full amount of the liability for the additional costs is charged to the income and expenditure account at the time the Trust commits itself to the retirment, regardless of the method of payment.

FRS 17 has been fully adopted from 2003/04.

1.13 Liquid resources

Deposits and other investments that are readily convertible into known amounts of cash at or close to their carrying amounts are treated as liquid resources in the cashflow statement. The Trust does not hold any investments with maturity dates exceeding one year from the date of purchase.

1.14 Value Added Tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.15 Foreign Exchange

Transactions that are denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the Income and Expenditure account.

1.16 Third Party Assets

Assets belonging to third parties (such as money held on behalf of Patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 28 to the accounts.

1.17 Leases

The Trust has no finance leases.
Operating leases and the rentals are charged to the Income and Expenditure Account on a straight-line basis over the term of the lease.

1.18 Dividend

A charge, reflecting the forecast cost of capital utilised by the NHS Trust, is paid over as public dividend capital dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the forecast average carrying amount of all assets less liabilities, except for assets in the course of construction, donated assets and cash with the Office of the Paymaster General. A note to the accounts discloses the rate that the dividend represents as a percentage of the actual average carrying amount of assets less liabilities in the year.

2 SEGMENTAL ANALYSIS

The Trust does not have more than one business segment, therefore the provisions of SSAP25 do not apply.

3. Income from Activities

	£000	2002/03 £000
Strategic Health Authorities	**0**	23,063
NHS Trusts	**0**	0
Primary Care Trusts*	**175,907**	152,360
Local Authorities	**0**	0
Department of Health	**0**	0
Non NHS:		
- Private Patients	**3,572**	3,229
- Overseas patients (non-reciprocal)	**165**	0
- Road Traffic Act	**763**	812
- Other	**76**	71
	180,483	179,535

*Includes £376k to offset fixed asset impairments charged to operating expenses.
Road Traffic Act income is subject to a provision for doubtful debts of 6% to reflect expected rates of collection.

4. Other Operating Income

	£000	2002/03 £000
Patient transport services	**0**	0
Education, training and research	**11,559**	10,403
Charitable and other contributions to expenditure	**554**	452
Transfers from donated asset reserve	**1,346**	361
Transfers from government grant reserve	**0**	0
Non-patient care services to other bodies	**0**	0
Other income	**21,156**	19,506
	34,615	30,722

5. Operating Expenses

5.1 Operating expenses comprise:

	£000	2002/03 £000
Services from other NHS Trusts	**6,873**	6,060
Services from other NHS bodies	**39**	74
Purchase of healthcare from non NHS bodies	**242**	0
Directors' costs	**617**	606
Staff costs	**132,040**	118,667
Supplies and services		
- clinical	**31,062**	28,082
- general	**6,576**	6,303
Establishment	**4,939**	4,545
Transport	**58**	79
Premises	**10,566**	11,148
Bad debts	**146**	(72)
Depreciation and amortisation	**7,088**	6,385
Fixed asset impairments and reversals	**376**	0
Audit fees	**267**	229
Other auditor's remuneration	**0**	0
Clinical negligence	**2,267**	2,073
Pre-95 early retirements	**0**	0
Other	**6,649**	7,147
	209,805	191,326

Directors' costs above exclude non-voting directors who are included in staff costs.
Directors' costs above include £0 for early retirements prior to 6/3/95.
Staff costs above include £0 for early retirements prior to 6/3/95.

5.2 Operating leases

5.2/1 Operating expenses include:

	£000	2002/03 £000
Hire of plant and machinery	**0**	0
Other operating lease rentals	**1,247**	1,404
	1,247	1,404

5.2/2 Annual commitments under non - cancellable operating leases are:

	Land and buildings		**Other leases**	
	£000	2002/03 £000	**£000**	2002/03 £000
Operating leases which expire:				
Within 1 year	**0**	0	**576**	143
Between 1 and 5 years	**0**	0	**752**	922
After 5 years	**0**	0	**217**	222
	0	0	**1,545**	1,287

5.3 Salary and Pension entitlements of senior managers

Name and Title		Age	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Compensation for loss of office	Real increase in pension at age 60 (bands of £2500)	Total accrued pension at age 60 at 31 March (bands of £5000)	Benefits in kind
			£000	£000	£000	£000	£000	£000
2003/04								
NON-EXECUTIVES								
R. Douglas	Non-Executive	55	5-10	0	0	0	0	0
S. Namdarkhan	Non-Executive	65	5-10	0	0	0	0	0
A. Bernard	Non-Executive	38	5-10	0	0	0	0	0
M. Saunders (comm Dec'03))	Non-Executive	62	0-5	0	0	0	0	0
J. Wright (comm Dec'03)	Non-Executive	42	0-5	0	0	0	0	0
N. Marshall (left Nov'03)	Non-Executive	66	0-5	0	0	0	0	0
B. Saunders (left Nov'03)	Non-Executive	53	0-5	0	0	0	0	0
R. Sanderson	Chairwoman	46	20-25	0	0	0	0	0
CHIEF EXECUTIVE/DIRECTORS								
V. Harrison	Chief Executive	47	120-125	0	150	0-2.5	0-5	0
V. Doherty (comm Jan'04)	Acting Dir of Finance	42	30-35	0	0	0	0	0
M. Herd (left Jan'04)	Director of Finance	49	65-70	0	0	0-2.5	20-25	3
N. Coomber	Director of Operators	35	75-80	0	0	0-2.5	10-15	3
R. Allan	Director of Human Resources	48	75-80	0	0	0-2.5	20-25	0
D. Law	Director of Planning	43	70-75	0	0	0-2.5	15-20	2
G. Etheridge	Director of Nursing	41	70-75	0	0	0-2.5	15-20	2
H. Borkett-Jones	Medical Director	48	115-120	25-30	0	0-2.5	25-30	0
A. Donkin (left Feb'04)	Director of Modernisation	47	70-75	0	0	0-2.5	0-5	0
2002/03								
NON-EXECUTIVES								
R. Douglas	Non-Executive	54	5-10	0	0	0	0	0
S. Namdarkhan	Non-Executive	64	5-10	0	0	0	0	0
A. Bernard (comm Dec'02)	Non-Executive	37	0-5	0	0	0	0	0
N. Marshall	Non-Executive	65	5-10	0	0	0	0	0
B. Saunders	Non-Executive	52	5-10	0	0	0	0	0
R Chabra (left Nov'02)	Non-Executive	41	0-5	0	0	0	0	0
R. Sanderson	Chairwoman	45	20-25	0	0	0	0	0
CHIEF EXECUTIVE/DIRECTORS								
V. Harrison	Chief Executive	46	105-110	0	0	0-2.5	0-5	0
K. Sharp (left Oct'02)	Acting Dir of Finance	57	85-90	0	0	0	0	0
M. Herd (comm Nov'02))	Director of Finance	48	30-35	0	0	2.5-5	20-25	0
N. Coomber (comm Apr'02)	Director of Operators	34	70-75	0	0	0-2.5	10-15	2
R. Allan (comm Jun'02)	Director of Human Resources	47	55-60	0	0	2.5-5	20-25	0
D. Law	Director of Planning	42	70-75	0	0	0-2.5	15-20	1
G. Etheridge (comm Jul'02)	Director of Nursing	40	45-50	0	0	5-7.5	15-20	2
H. Borkett-Jones	Medical Director	47	110-115	25-30	0	2.5-5	25-30	0
A. Donkin	Director of Modernisation	46	65-70	0	0	0	0-5	0

The Chief Executive left the Trust in April 2004. The gross costs of the compensation for loss of office were £150k as shown above.
Benefits in Kind - where shown relates to Lease Car Benefit.

For the purpose of this note, senior managers are defined as being the Chief Executive, Non-Executive Directors, Executive Directors and Non-Voting Directors.

6. Staff costs and numbers

6.1 Staff costs

	£000	2002/03 £000
Salaries and wages	**106,776**	95,336
Social Security Costs	**8,385**	6,836
Employer contributions to NHSPA	**5,986**	5,451
Other pension costs	**0**	0
Agency and contract staff	**11,458**	11,601
Seconded-in staff	**0**	0
	132,605	119,224

Employee costs above exclude non-executive directors.

6.2 Average number of persons employed

	Total	Senior Managers	Others	Staff on inward secondment	Agency, temporary and contract staff	2002/03
	Number	Number	Number	Number	Number	Number
Medical and dental	**491**	0	442	0	49	481
Ambulance staff	**0**	0	0	0	0	0
Administration and estates	**1,057**	8	987	0	62	1,016
Healthcare assistants & other support staff	**626**	0	557	0	69	473
Nursing, midwifery & health visiting staff	**1,361**	0	1,131	0	230	1,346
Nursing, midwifery & health visiting learners	**7**	0	7	0	0	6
Scientific, therapeutic and technical staff	**519**	0	519	0	0	497
Social care staff	**0**	0	0	0	0	0
Other	**25**	0	21	0	4	75
Total	**4,086**	**8**	**3,664**	**0**	**414**	3,894

Senior managers are as defined in note 5.3

The NHS Manual for Accounts requires staff numbers to be calculated as an average of each weekly establishment. The Trust calculates its staff numbers based upon an average of each monthly establishment.

6.3 Employee benefits

	£000	2002/03 £000
	0	0
	0	0

6.4 Management costs

	£000	2002/03 £000
Management costs	**9,192**	8,615
Income	**215,098**	210,257

Management costs are as defined in the document 'NHS Management Costs 2002/03' which can be found on the internet at http://www.doh.gov.uk/managementcosts.

6.6 Retirements due to ill-health

During 2003/04 (prior year 2002/03) there were 6 (9) early retirements from the Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £145k (£269k). The cost of these ill-health retirements will be borne by the NHS Pensions Agency.

7. Public Sector Payment Policy

7.1 Better Payment Practice Code - measure of compliance

	Number	£000
Total bills paid in the year	**78,614**	**63,622**
Total bills paid within target	**74,014**	**58,745**
Percentage of bills paid within target	**94.15%**	**92.33%**

The Better Payment Practice Code requires the Trust to aim to pay all valid non-NHS invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust calculates its compliance with this code based upon the date the invoices are registered by the Trust.

7.2 The Late Payment of Commercial Debts (Interest) Act 1998	**£000**	2002/03 £000
Amounts included within Interest Payable (Note 9) arising from claims made under this legislation.	**0**	0
Compensation paid to cover debt recovery costs under this legislation	**0**	0

8. Profit (Loss) on Disposal of Fixed Assets

Profit/loss on the disposal of fixed assets is made up as follows:

	£000	2002/03 £000
Profit on disposal of intangible fixed assets	**0**	0
Loss on disposal of intangible fixed assets	**0**	0
Profit on disposal of land and buildings	**42**	1,210
Loss on disposal of land and buildings	**(895)**	0
Profits on disposal of plant and equipment	**0**	3
Loss on disposal of plant and equipment	**(62)**	(107)
	(915)	1,106

Loss on disposal of land of buildings relates to the transfer of donated assets to the Hillingdon NHS Trust and there is a compensating entry in income.

9. Interest Payable

	£000	2002/03 £000
Finance leases	**0**	0
Other	**0**	10
	0	10

10. Intangible Fixed Assets

	Software Licences £000	Licenses & trademarks £000	Patents £000	Development Expenditure £000	Total £000
Gross cost at 1 April 2003	172	0	0	0	172
Indexation				0	0
Impairments	0	0	0	0	0
Reclassifications	0	0	0	0	0
Other revaluation	0	0	0	0	0
Additions - purchased	0	0	0	0	0
Additions - donated/government granted	0	0	0	0	0
Disposals	0	0	0	0	0
Gross cost at 31 March 2004	**172**	**0**	**0**	**0**	**172**
Accumulated amortisation at 1 April 2003	23	0	0	0	23
Indexation				0	0
Impairments	0	0	0	0	0
Reversal of impairments	0	0	0	0	0
Reclassifications	0	0	0	0	0
Other revaluation	0	0	0	0	0
Provided during the year	35	0	0	0	35
Disposals	0	0	0	0	0
Accumulated amortisation at 31 March 2004	**58**	**0**	**0**	**0**	**58**
Net book value					
- Purchased at 1 April 2003	149	0	0	0	149
- Donated at 1 April 2003	0	0	0	0	0
- Government granted at 1 April 2003	0	0	0	0	0
- Total at 1 April 2003	**149**	**0**	**0**	**0**	**149**
- Purchased at 31 March 2004	114	0	0	0	114
- Donated at 31 March 2004	0	0	0	0	0
- Government granted at 31 March 2004	0	0	0	0	0
- Total at 31 March 2004	**114**	**0**	**0**	**0**	**114**

11. Tangible Fixed Assets

11.1 Tangible fixed assets at the balance sheet date comprise the following elements:

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & Machinery	Transport Equipment	Information Technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2003	39,403	90,005	9,908	9,812	22,093	202	3,970	2,527	177,920
Additions - purchased	0	0	0	11,975	46	0	0	0	12,021
Additions - donated/government granted	0	0	0	84	85	0	0	0	169
Impairments	(532)	(4,617)	0	0	0	0	0	37	(5,112)
Reclassifications	0	9,607	87	(14,463)	3,061	14	1,416	278	0
Indexation	2,251	8,805	969	753	487	4	0	248	13,517
Other in year revaluation	0	0	0	0	0	0	0	0	0
Disposals	(800)	(5,370)	0	0	(2,536)	0	0	0	(8,706)
At 31 March 2004	**40,322**	**98,430**	**10,964**	**8,161**	**23,236**	**220**	**5,386**	**3,090**	**189,809**
Accumulated depreciation at 1 April 2003	0	0	0	0	14,517	91	2,252	0	16,860
Provided during the year	0	4,334	271	0	1,539	24	685	200	7,053
Impairments	376	0	0	0	0	0	0	0	376
Reversal of Impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Indexation	0	0	0	0	321	2	0	0	323
Other in year revaluation	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(2,474)	0	0	0	(2,474)
Accumulated depreciation at 31 March 2004	**376**	**4,334**	**271**	**0**	**13,903**	**117**	**2,937**	**200**	**22,138**
Net book value									
- Purchased at 1 April 2003	39,403	88,340	9,908	9,122	4,826	67	1,710	2,520	155,896
- Donated at 1 April 2003	0	1,665	0	690	2,750	44	8	7	5,164
- Government Granted at 1 April 2003	0	0	0	0	0	0	0	0	0
Total at 31 March 2003	**39,403**	**90,005**	**9,908**	**9,812**	**7,576**	**111**	**1,718**	**2,527**	**161,060**
- Purchased at 31 March 2004	39,946	93,133	10,693	8,018	6,259	64	2,445	2,883	163,441
- Donated at 31 March 2004	0	963	0	143	3,074	39	4	7	4,230
- Government Granted at 31 March 2004	0	0	0	0	0	0	0	0	0
Total at 31 March 2004	**39,946**	**94,096**	**10,693**	**8,161**	**9,333**	**103**	**2,449**	**2,890**	**167,671**

11.1 Tangible Fixed Assets (contd)

Of the totals at 31 March 2004, £1,700k related to land valued at open market value and £0 related to buildings valued at open market value and £0 related to dwellings valued at open market value.

Net book value of assets held under finance leases and hire purchase contracts at the balance sheet date

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & Machinery	Transport Equipment	Information Technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
At 31 March 2004	0	0	0	0	0	0	0	0	**0**
At 31 March 2003	0	0	0	0	0	0	0	0	0

The total amount of depreciation charged to the income and expenditure in respect of assets held under finance leases and hire purchase contracts:

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & Machinery	Transport Equipment	Information Technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Depreciation 31 March 2004	0	0	0	0	0	0	0	0	**0**
Depreciation 31 March 2003	0	0	0	0	0	0	0	0	0

11.2 The net book value of land, buildings and dwellings at 31 March 2003 comprises:

		31 March 2003
	£000	£000
Freehold	144,735	139,316
Long leasehold	0	0
Short leasehold	0	0
TOTAL	**144,735**	139,316

12. Stocks

		31 March 2003
	£000	£000
Raw materials and consumables	**2,755**	2,661
Work-in-progress	**0**	0
Finished goods	**0**	0
	2,755	2,661

13. Debtors

		31 March 2003
	£000	£000
Amounts falling due within one year:		
NHS debtors	**9,562**	17,350
Provision for irrecoverable debts	**(225)**	(105)
Other prepayments and accrued income	**5,739**	3,343
Other debtors	**3,412**	2,891
	18,488	23,479
Amounts falling due after more than one year:		
NHS debtors	**0**	0
Provision for irrecoverable debts	**0**	0
Other prepayments and accrued income	**0**	0
Other debtors	**443**	351
	443	351
	18,931	23,830

NHS Debtors include £140k prepaid pension contributions at 31 March 2004 (£0 at 31 March 2003))

Other debtors falling due after more than one year of £443k (2002/03 £351k),
relate to Road Traffic Accident cases.

14. Investments

14.1 Fixed asset investments

	Description £000	Description £000	Other £000	**Total £000**
Balance at 1 April 2003	0	0	0	**0**
Additions	0	0	0	**0**
Disposals	0	0	0	**0**
Revaluations	0	0	0	**0**
Balance at 31 March 2004	0	0	0	**0**

14.2 Current asset investments

	Description £000	Description £000	Other £000	**Total £000**
Balance at 1 April 2003	0	0	0	**0**
Additions	0	0	0	**0**
Disposals	0	0	0	**0**
Revaluations	0	0	0	**0**
Balance at 31 March 2004	0	0	0	**0**

15. Creditors

15.1 Creditors at the balance sheet date comprise:

	£000	31 March 2003 £000
Amounts falling due within one year:		
Bank overdrafts	**122**	159
Current instalments due on loans	**0**	0
Interest payable	**0**	0
Payments received on account	**0**	0
NHS creditors	**4,344**	2,298
Non - NHS trade creditors - revenue - other	**2,286**	4,254
Non - NHS trade creditors - capital	**1,725**	1,769
Tax and social security costs	**94**	20
Obligations under finance leases and hire purchase contracts	**0**	0
Other creditors	**633**	285
Accruals and deferred income	**10,246**	6,311
	19,450	15,096
Amounts falling due after more than one year:		
Long - term loans	**0**	0
Obligations under finance leases and hire purchase contracts	**0**	0
NHS creditors	**0**	0
Other	**0**	0
	0	0
	19,450	15,096

15.2 Loans and other long-term financial liabilities

	Total **£000**	31 March 2003 £000
Amounts falling due:		
In one year or less	**0**	0
Between one and two years	**0**	0
Between two and five years	**0**	0
Over 5 years	**0**	0
Total	**0**	0

	Total **£000**	31 March 2003 £000
Wholly repayable within five years	**0**	0
Wholly repayable after five years, not by instalments	**0**	0
Wholly or partially repayable after five years by instalments	**0**	0
Total	**0**	0
Total repayable after five years by instalments	0	0

Loans and long-term financial liabilities wholly or partially repayable after five years:

	Interest rate **%**	**Value outstanding** **£000**	31 March 2003 £000
Terms of payment			

15.3 Finance lease obligations

	£000	31 March 2003 £000
Payable:		
Within one year	**0**	0
Between one and five years	**0**	0
After five years	**0**	0
	0	0
Less finance charges allocated to future periods	**0**	0
	0	0

15.4 Finance Lease Commitments

The Trust has no finance lease commitments.

16. Provisions for liabilities and charges

	Pensions relating to former directors	Pensions relating to other staff	Legal claims	Restructurings	Other	**Total**
	£000	£000	£000	£000	£000	**£000**
At 1 April 2003 as previously stated	0	6,061	0	0	471	**6,532**
Prior Period Adjustments	0	0	0	0	0	**0**
At 1 April 2003, as restated	0	6,061	0	0	471	**6,532**
Change in the discount rate	0	0	0	0	87	**87**
Arising during the year - Other	0	164	0	0	141	**305**
Utilised during the year	0	(628)	0	0	(267)	**(895)**
Reversed unused	0	0	0	0	(47)	**(47)**
Unwinding of discount	0	191	0	0	13	**204**
At 31 March 2004	0	5,788	0	0	398	**6,186**
Expected timing of cashflows:						
Within 1 year	0	644	0	0	42	**686**
1 - 5 years	0	3,279	0	0	146	**3,425**
Over 5 years	0	1,865	0	0	210	**2,075**

Pension provisions for early retirements are calculated for the full term and then discounted down to current values.
Each year this discount is unwound resulting in a charge to the Income and Expenditure account.

The column headed "Other" refers to staff compensation, public liability and injury benefit claims.

£11,095k is included in the provisions of the NHS Litigation Authority at 31/3/04 in respect of clinical negligence liabilities of the Trust (31/3/2003 £14,332k).

17. Movements on Reserves

Movements on reserves in the year comprised the following:

	Revaluation reserve	Donated Asset reserve	Government Grant reserve	Other reserves	Income and Expenditure reserve	**Total**
	£000	£000	£000	£000	£000	**£000**
At 1 April 2003 as previously stated	19,705	5,164	0	0	(2,866)	**(2,866)**
Prior Period Adjustments	0	0	0	0	0	**0**
At 1 April 2003, as restated	19,705	5,164	0	0	(2,866)	**22,003**
Transfer from the income and expenditure account	0	0	0	0	(519)	**(519)**
Fixed asset impairments	(5,112)	0	0	0	0	**(5,112)**
Surplus on other revaluations/indexation of fixed assets	12,952	243	0	0	0	**13,195**
Transfer of realised profits (losses) to the Income and Expenditure reserve	(970)	0	0	0	970	**0**
Receipt of donated/government granted assets	0	169	0	0	0	**169**
Transfers to the Income and Expenditure Account for depreciation, impairment, and disposal of donated/government granted assets	0	(1,346)	0	0	0	**(1,346)**
Other transfers between reserves	(1,113)	0	0	0	1,113	**0**
Other reserve movements	0	0	0	0	0	**0**
Reserves eliminated on dissolution	0	0	0	0	0	**0**
At 31 March 2004	25,462	4,230	0	0	(1,302)	**28,390**

18. Notes to the cash flow Statement

18. 1 Reconciliation of operating surplus to net cash flow from operating activities:

	£000	2002/03 £000
Total operating surplus (deficit)	**5,293**	18,931
Depreciation and amortisation charge	**7,088**	6,385
Fixed asset impairments and reversals	**376**	0
Transfer from donated asset reserve	**(1,346)**	(361)
Transfer from the government grant reserve	**0**	0
(Increase)/decrease in stocks	**(94)**	(198)
(Increase)/decrease in debtors	**4,941**	(9,159)
Increase/(decrease) in creditors	**4,107**	(27,213)
Increase/(decrease) in provisions	**(346)**	4,458
Net cash inflow/(outflow) from operating activities before restructuring costs	**20,019**	(7,157)
Payments in respect of fundamental reorganisation/restructuring	**0**	0
Net cash inflow/(outflow) from operating activities	**20,019**	(7,157)

18.2 Reconciliation of net cash flow to movement in net debt

	£000	2002/03 £000
Increase/(decrease) in cash in the period	**0**	0
Cash inflow from new debt	**0**	0
Cash outflow from debt repaid and finance lease capital payments	**0**	0
Cash (inflow)/outflow from (decrease)/increase in liquid resources	**0**	0
Change in net debt resulting from cashflows	**0**	0
Non - cash changes in debt	**0**	0
Net debt at 1 April 2003	**0**	0
Net debt at 31 March 2004	**0**	0

18.3 Analysis of changes in net debt

	At 31 March 2004	Cash changes in year	Non-cash changes in year	At 1 April 2003
	£000	£000	£000	£000
OPG cash at bank	**44**	(30)	0	74
Commercial cash at bank and in hand	**78**	(7)	0	85
Bank overdrafts	**(122)**	37	0	(159)
Debt due within one year	**0**	0	0	0
Debt due after one year	**0**	0	0	0
Finance leases	**0**	0	0	0
Current asset investments	**0**	0	0	0
	0	**0**	**0**	**0**

19. Capital Commitments

Commitments under capital expenditure contracts at the balance sheet date were £1,791k (2002/03 £4,279k)

20. Post Balance Sheet Events

The Trust has no post balance events.

21. Contingencies

	£000	2002/03 £000
Gross Value	0	(40)
Amounts recoverable	0	0
Net contingent liability	**0**	(40)

The Trust has no contingent liabilities.

22. Movements in Government Funds

	£000	2002/03 £000
Surplus (deficit) for the financial year	**4,855**	20,250
Public dividend capital dividends	**(5,374)**	(8,582)
	(519)	11,668
Gains (losses) from revaluation/indexation of purchased fixed assets	**7,840**	14,777
New public dividend capital (cash receipt)	**7,373**	24,102
New public dividend capital (transfer from dissolved NHS trust)	**0**	0
Public dividend capital repaid	**(16,034)**	(1,785)
Public dividend capital repayable	**0**	0
Public dividend capital written off	**0**	0
Transfers from the Donated Asset reserve	**0**	0
Additions to/transfers from the Government Grant reserve	**0**	0
Additions (reductions) in other reserves	**0**	0
Net addition (reduction) in government funds	**(1,340)**	48,762
Opening government funds	**161,067**	112,305
Closing government funds	**159,727**	161,067

23. Financial Performance Targets

23.1 Breakeven performance

The trust's breakeven performance for 2003/2004 is as follows:

	1997/98	1998/99	1999/2000	2000/01	2001/02	2002/03	2003/04
	£000	£000	£000	£000	£000	£000	£000
Turnover	0	0	0	163,440	173,576	210,257	215,098
Retained surplus/(deficit) for the year	0	0	0	17	(11,487)	11,668	(519)
Adjustment for:							
- Timing/non-cash impacting distortions							
- Use of pre - 1.4.97 surpluses [FDL(97)24 Agreements]	0	0	0	0	0	0	0
- 1999/2000 Prior Period adjustment relating to 1997/98 and 1998/99	0	0					
- 2000/01 Prior Period adjustment relating to 1997/98, 1998/99 and 1999/2000	0	0	0	0	0	0	0
- 2001/02 Prior Period adjustment relating to 1997/98, 1998/99, 1999/2000 and 2000/01	0	0	0	0	0	0	0
- 2002/03 Prior Period adjustment relating to 1997/98, 1998/99, 1999/2000, 2000/01 and 2001/02	0	0	0	0	0	0	0
- 2003/04 Prior Period adjustment relating to 1997/98, 1998/99, 1999/2000, 2000/01, 2001/02 and 2002/03	0	0	0	0	0	0	0
Break-even in-year position	0	0	0	17	(11,487)	11,668	(519)
Break-even cumulative position	0	0	0	17	(11,470)	198	(321)
Anticipated financial year of recovery							2004/05
Materiality test:							
- Break-even in-year position				0.01%	-6.62%	5.55%	-0.24%
- Break-even cumulative position				0.01%	-6.61%	0.09%	-0.15%

23.2 Capital cost absorption rate

The trust is required to absorb the cost of capital at a rate of 3.5% of average relevant net assets. The rate is calculated as the percentage that dividends paid on public dividend capital, totalling £5,374k, bears to the average relevant net assets* of £151,768k, that is 3.5%.

Prior to 2003/04, the cost of capital rate was 6% of average relevant net assets. However, funding of NHS commissioners was changed at the time of change of the rate in such a way that the ability to meet the target was unaffected.

* The average relevant net assets calculation differs from 02/03 as no adjustment is made to the net relevant assets and associated creditors for government granted assets and loans and overdrafts.

23.3 External financing

The Trust is given an external financing limit which it is permitted to undershoot.

	£000	**£000**	2002/03 £000
External financing limit set by the Department of Health		**(8,661)**	22,317
Cash flow financing	(8,661)		22,317
Finance leases taken out in the year	0		0
Other capital receipts	0		0
External financing requirement		**(8,661)**	22,317
Undershoot (overshoot)		**0**	0

23.4 Capital Resource Limit

The Trust is given a Capital Resource Limit which it is not permitted to overspend

	£000	2002/03 £000
Gross capital expenditure	12,189	10,690
Less: book value of assets disposed of	(6,232)	(1,069)
Plus: loss on disposal of donated assets	811	4
Less: capital grants	0	0

24. Related Party Transactions

West Hertfordshire Hospitals NHS Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with West Hertfordshire Hospitals.NHS Trust.

2003/04	Payments to Related Party £	Receipts from Related Party £	Amounts owed to Related Party £	Amounts due from Related Party £
CHAIRWOMAN				
ROSIE SANDERSON - HERTS COUNTY COUNCIL		68,400		68,400
HERTS POLICE AUTHORITY		2,100		
LONDON COLNEY PARISH COUNCIL		300		
ACTING DIRECTOR				
VINCENT DOHERTY - ACHARA CONSULTING LTD	29,610		9,870	
DIRECTORS				
DR. TROTMAN - COLON CANCER CONCERN	262			
- FRIENDS OF MICHAEL SOBELL HOUSE		1,003,745		678
MR GAULT - EAR BUDDIES	140			
DR. RUSTIN - CANCER TREATMENT & RESEARCH	37,857			
MR. CUSSONS and MR. SMITH - RAFT	35,566	1,291,480	6,125	118,798
MR. KODATI - SHYAM EYE CARE	103,950			
MR. LIVINGSTONE - MEDICAL ADVISORY COMMITTEE, BUPA	18,742	329,555	17,200	11,080
M. SAUNDERS - PAUL STRICKLAND SCANNER CENTRE	317,684	1,586,218	14,248	
	543,810	4,281,797	47,443	198,956

2002/03	Payments to Related Party £	Receipts from Related Party £	Amounts owed to Related Party £	Amounts due from Related Party £
CHAIRWOMAN				
ROSIE SANDERSON - HERTS COUNTY COUNCIL	32,870	19,800		4,195
HERTS POLICE AUTHORITY		1,080		300
ACTING DIRECTOR				
KEN SHARP - BLACKETT SHARP ASSOCIATES	101,500			
DIRECTORS				
DR. RUSTIN - CANCER TREATMENT & RESEARCH TRUST	666			
DR TROTMAN - MICHAEL SOBELL HOUSE		405,631		34,979
- GLAXO SMITH KLINE	475			300
MR GAULT - EAR BUDDIES	358			
MR DYSON - ROYAL NATIONAL ORTHOPAEDIC HOSP	14,176	7,657		1,203
MR BRADNOCK - ORTHOSONICS LTD	124,251			
- CORIN MEDICAL LTD	87,661			
MR SMITH - STOKE MANDEVILLE HOSP POST GRAD	4,478			
MR. CUSSONS and MR. SMITH - RAFT	731	654,041		110,425
	367,166	1,088,209	0	151,402

The Department of Health is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

2003/04	Payments to Related Party £	Receipts from Related Party £	Amounts owed to Related Party £	Amounts due from Related Party £
NHS EXECUTIVE				
HEALTH GENERAL CASH	14,035,000			
TRUSTS				
HILLINGDON HOSPITAL	6,757,205	6,829,396	115,507	434,973
HERTS PARTNERSHIP		6,881,980	38,732	385,628
PCT's				
WATFORD & THREE RIVERS PCT		76,459,078	734,939	1,841,965
BARNET PCT		1,627,762		40,119
BRENT PCT		1,119,119		245,697
CHILTERN & SOUTH BUCKS PCT		1,641,256		5,477
DACORUM		47,599,155	37,505	1,503,071
HARROW PCT		4,245,216		177,405
HERTSMERE PCT		16,394,217	155	777,878
LUTON PCT		3,212,678		200,608
HILLINGDON PCT		8,686,638		2,727,382
READING PCT		1,279,956		88,029
ST. ALBANS & HARPENDEN PCT		40,557,250	105,964	703,837
HEALTH AUTHORITIES				
BEDS & HERTS STRATEGIC HEALTH AUTHORITY		8,086,431	23,026	
BEDS & HERTS WORKFORCE DEVELOPMENT		3,112,702		
NATIONAL BLOOD	1,034,963		97,657	29
NHS LOGISTICS	2,615,370		239,547	
OTHER BODIES				
CUSTOMS & EXCISE		2,865,638		382,473
INLAND REVENUE	32,456,919			
NHS PENSION AGENCY	10,262,357		1,285,843	
NHS LITIGATION AUTHORITY	2,332,642		229,986	50
DEPARTMENT OF HEALTH		2,592,000		
EASTERN REGION (ANGLIA SUPPORT PARTNERSHIP		5,902,000		
	69,494,455	239,092,471	2,908,860	9,514,620

2002/03	Payments to Related Party £	Receipts from Related Party £	Amounts owed to Related Party £	Amounts due from Related Party £
NHS EXECUTIVE				
HEALTH GENERAL CASH	10,367,000	24,102,000		
TRUSTS				
HILLINGDON HOSPITAL	7,311,114	2,472,976	124,374	355,471
NORTH WEST LONDON	2,893,938	8,371,739	222,273	573,924
PCT's				
WATFORD & THREE RIVERS PCT	1,355,597	131,099,220	35,290	6,818,395
BARNET PCT		1,448,886		11,737
CHILTERN & SOUTH BUCKS PCT		1,445,693		17,899
DACORUM				3,615,071
HARROW PCT		5,412,597		129,905
HERTSMERE PCT		2,255,245	5,586	924,540
LUTON PCT		2,907,073		108,195
HILLINGDON PCT		13,173,828		255,493
READING PCT		1,088,516		6,832
ST. ALBANS & HARPENDEN PCT		1,015,963	231,124	2,775,488
HEALTH AUTHORITIES				
BEDS & HERTS STRATEGIC HEALTH AUTHORITY	20,700,000	57,788,508	182,570	239,375
NATIONAL BLOOD	2,250,565		175,890	
NHS LOGISTICS	3,873,569		134,939	
OTHER BODIES				
CUSTOMS & EXCISE		3,074,739		174,537
INLAND REVENUE	31,353,200		19,988	
NHS PENSION AGENCY	12,394,563		232,458	
	92,499,546	255,656,983	1,364,492	16,006,862

The Trust has also received revenue and capital payments from a number of charitable funds, certain of the Trustees for which are also members of

25. Private Finance Transactions

The Trust has not entered into any PFI transactions.

25.1 'Service' element of PFI schemes deemed to be on-balance sheet

The Trust has not entered into any PFI transactions.

26. Pooled Budget Project

The Trust has no Pooled Budget Projects.

27 Financial Instruments

FRS 13, Derivatives and Other Financial Instruments, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with local Primary Care Trusts and the way those Primary Care Trusts are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which FRS 13 mainly applies. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

As allowed by FRS 13, debtors and creditors that are due to mature or become payable within 12 months from the balance sheet date have been omitted from all disclosures other than the currency profile.

Liquidity risk

The NHS Trust's net operating costs are incurred under annual service agreements with local Primary Care Trusts, which are financed from resources voted annually by Parliament. The Trust also largely finances its capital expenditure from funds made available from Government under an agreed limit. The Trust is not, therefore, exposed to significant liquidity risks.

Interest-Rate Risk

89% of the Trust's financial assets and 99% of its financial liabilities carry nil or fixed rates of interest. The Trust is not, therefore, exposed to significant interest-rate risk. The following two tables show the interest rate profiles of the Trust's financial assets and liabilities:

27.1 Financial Assets

Currency	Total	Floating rate	Fixed rate	Non-interest bearing	Fixed rate: Weighted average interest rate	Fixed rate: Weighted average period for which fixed	Non-interest bearing: Weighted average term
	£000	£000	£000	£000	%	Years	Years
At 31 March 2004							
Sterling	122	122	0	0	0%	0	0
Other	967	0	967	0	4%	8	0
Gross financial assets	**1,089**	**122**	**967**	**0**			
At 31 March 2003 (prior year)							
Sterling	159	159	0	0	0%	0	0
Other	1532	0	1,532	0	6%	9	0
Gross financial assets	**1,691**	**159**	**1,532**	**0**			

27.2 Financial Liabilities

Currency	Total	Floating rate	Fixed rate	Non-interest bearing	Fixed rate: Weighted average interest rate	Fixed rate: Weighted average period for which fixed	Non-interest bearing: Weighted average term
	£000	£000	£000	£000	%	Years	Years
At 31 March 2004							
Sterling	122	122	0	0	0%	0	0
Other	141,850	0	6,283	135,567	4%	8	0
Gross financial liabilities	**141,972**	**122**	**6,283**	**135,567**			
At 31 March 2003 (prior year)							
Sterling	159	159	0	0	0%	0	0
Other	161,260	0	6,532	154,728	6%	9	1
Gross financial liabilities	**161,419**	**159**	**6,532**	**154,728**			

The Trust's non-interest bearing financial liabilities comprise of provisions for early retirement liabilities and public dividend capital. The public dividend capital is of unlimited term. The Trust has repaid £16,034k of PDC in 2003/04 (£1,785k in 2002/03). Of this amount £10,500k (£0 in 2002/03) related to repayment of brokerage, £4,559k (£0 in 2002/03) related to the transfer of assets to The Hillingdon Hospital NHS Trust and £975k (£0 in 2002/03) related to the funding of impairments.

Foreign Currency Risk

The Trust has no/negligible foreign currency income or expenditure.

27.3 Fair Values

Set out below is a comparison, by category, of book values and fair values of the NHS Trust's financial assets and liabilities as at 31 March 2004.

	Book Value	Fair Value	Basis of fair valuation
	£000s	£000s	
Financial assets			
Cash	122	122	
Debtors over 1 year:			
- Agreements with commissioners to cover creditors and provisions	967	967	Note a
Investments	0	0	
Total	1,089	1,089	
Financial liabilities			
Overdraft	(122)	(122)	
Creditors over 1 year:			
- Early retirements	(97)	(97)	Note b
- Finance leases	0	0	
Provisions under contract	(6,186)	(6,186)	Note c
Loans	0	0	
Public dividend capital	(135,567)	(135,567)	
Total	(141,972)	(141,972)	

a These debtors reflect agreements with commissioners to cover creditors over 1 year for early retirements and provisions under contract, and their related interest charge/unwinding of discount. In line with notes b and c, below, fair value is not significantly different from book value.

b Fair value is not significantly different from book value since interest at 9% is paid on early retirement creditors.

c Fair value is not significantly different from book value since, in the calculation of book value, the expected cash flows have been discounted by the Treasury discount rate of 3.5% in real terms.

28 Third Party Assets

The Trust held £2k cash at bank and in hand at 31/03/04 (£7k - Prior Year) which relates to monies held by the NHS Trust on behalf of patients. This has been excluded from cash at bank and in hand figure reported in the accounts.

NATIONAL HEALTH SERVICE

WEST HERTFORDSHIRE HOSPITALS NHS TRUST

FUNDS HELD ON TRUST
ANNUAL ACCOUNTS 2003-04

The accounts of the Funds Held on Trust by the Trust

FOREWORD

These accounts have been prepared by the Trustees under section 98(2) of the National Health Service Act 1977 (as amended) in the forms which the Secretary of State has, with the approval of Treasury, directed.

STATUTORY BACKGROUND

The trustees have been appointed under s11 of the NHS and Community Care Act 1990.

The West Hertfordshire Hospitals NHS Trust charitable funds held on trust are registered with the Charity Commission (Registration No:1052210) and include funds in respect of the West Hertfordshire Hospitals.

MAIN PURPOSE OF THE FUNDS HELD ON TRUST

The main purpose of the charitable funds held on trust is to apply income for any charitable purpose relating to the National Health Service wholly or mainly for the services provided by the West Hertfordshire Hospitals NHS Trust.

Statement of trustees' responsibilities

The trustees are responsible for:

- keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the funds held on trust and to enable them to ensure that the accounts comply with requirements in the Charities Act 1993 and those outlined in the directions issued by the Secretary of State;

- establishing and monitoring a system of internal control; and

- establishing arrangements for the prevention and detection of fraud and corruption.

The trustees are required under the Charities Act 1993 and the National Health Service Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the financial position of the funds held on trust, in accordance with the Charities Act 1993. In preparing those accounts, the trustees are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;

- make judgements and estimates which are reasonable and prudent;

- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The trustees confirm that they have met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out on pages 3 to 13 attached have been compiled from and are in accordance with the financial records maintained by the trustees.

By Order of the Trustees
Signed: (NB sign in any colour ink other than black)

Chairman ..... Date..... 2004

Trustee ..... Date..... 2004

Independent Auditors' Report to the Trustees of the XXX Funds Held On Trust

I/we have audited the financial statements on pages x to y which have been prepared in accordance with the Statement of Recommended Practice 2000: Accounting and Reporting by Charities and with the accounting policies relevant to the National Health Service.

Respective Responsibilities of Trustees and Auditors

As described on page 1, the Trustees are responsible for the preparation of financial statements in accordance with the Statement of Recommended Practice 2000: Accounting and Reporting by Charities and directions issued by the Secretary of State. My/our responsibilities, as independent auditors, are established by statute, the Code of Audit Practice issued by the Audit Commission and my/our profession's ethical guidance.

I/we report to you my/our opinion as to whether the financial statements give a true and fair view of the financial position and result of operation of the charitable funds.
In accordance with regulations made under section 44 of the Charities Act 1993, the charity has been granted a dispensation under section 9(2)(a) of the Charities (Accounts and Reports) Regulations 1995, permitting the audit to be carried out by the auditor appointed by the Audit Commission.

Basis of audit opinion

I/we conducted our audit in accordance with the Charities Act 1993, the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission, which requires compliance with relevant auditing standards issued by the Auditing Practices Board.

An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the fund's circumstances, consistently applied and adequately disclosed.

I/we planned and performed my/our audit so as to obtain all the information and explanations which I/we considered necessary in order to provide me/us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming my/our opinion, I/we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In my/our opinion, the financial statements give a true and fair view of the funds held on trust at 31 March 2003 and of th incoming resources and application of resources for the year then ended and have been properly prepared in accordance with the Statement of Recommended Practice 2000: Accounting and Reporting by Charities.

Signature:…….....…….. Date:…….
(NB sign in any colour ink other than black)

Name:……...…….....……

Address:…….....…….

.....

.....

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Statement of Financial Activities for the year ended 31 March 2004

	Note	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	**Total Funds £000**	2002-03 Total Funds £000
Incoming resources						
Donations, Legacies and similar resources						
Donations		5	792	0	**797**	622
Legacies		55	374	0	**429**	642
Grants receivable:						
From other NHS bodies		0	0	0	**0**	0
Other grants receivable		0	0	0	**0**	0
Total Donations and Legacies		60	1,166	0	**1,226**	1,264
Operating Activities						
Activities for generating funds		0	78	0	**78**	67
Activities in furtherance of the charity's objectives		0	0	0	**0**	0
Total Operating Activities		0	78	0	**78**	67
Investment income	6.3	2	81	0	**83**	75
Other incoming resources	2	(2)	46	0	**44**	223
Total incoming resources		**60**	**1,371**	**0**	**1,431**	**1,629**
Resources expended						
Costs of generating funds	3.3	24	37	0	**61**	61
Charitable expenditure						
Grants payable						
To other NHS bodies		0	0	0	**0**	0
Other grants payable		0	0	0	**0**	163
Activities in furtherance of charity's objectives	3.1	16	596	0	**612**	933
Support costs	3.4	0	349	0	**349**	366
Management and administration	3.2	2	62	0	**64**	62
Total resources expended	4.1	**42**	**1,044**	**0**	**1,086**	**1,585**
Net incoming/(outgoing) resources before Transfers		18	327	0	**345**	44
Gross transfer between funds		26	(26)	0	**0**	0
Net incoming/(outgoing) resources		**44**	**301**	**0**	**345**	**44**
Gains/(losses) on revaluation of own fixed assets		0	0	0	**0**	0
Gains/(losses) on revaluation and disposal of investment assets		(50)	705	3	**658**	(687)
Net movement in funds	5	**(6)**	**1,006**	**3**	**1,003**	**(643)**
Fund balances brought forward at 31 March 2003		89	1,730	8	**1,827**	
Fund balances carried forward at 31 March 2004		**83**	**2,736**	**11**	**2,830**	**(643)**

The notes at pages 5 to 13 form part of this account.

Balance Sheet as at 31 March 2004

	Notes	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	**Total at 31 March 2004 £000**	Total at 31 March 2003 £000
Fixed Assets						
Intangible assets		0	0	0	**0**	0
Tangible assets		0	0	0	**0**	0
Inalienable & historic assets		0	0	0	**0**	0
Investments	6.1/6.2	64	2,120	9	**2,193**	1,546
Total Fixed Assets		64	2,120	9	**2,193**	1,546
Current Assets						
Stocks		0	0	0	**0**	0
Debtors	7.1	10	321	1	**332**	143
Short term investments and deposits		0	0	0	**0**	0
Cash at bank and in hand		9	295	1	**305**	282
Total Current Assets		19	616	2	**637**	425
Creditors: Amounts falling due within one year	8.1	0	0	0	**0**	144
Net Current Assets/(Liabilities)		19	616	2	**637**	281
Total Assets less Current Liabilities		83	2,736	11	**2,830**	1,827
Creditors: Amounts falling due after more than one year	8.2	0	0	0	**0**	0
Provisions for liabilities and charges		0	0	0	**0**	0
Total Net Assets		**83**	**2,736**	**11**	**2,830**	1,827
Funds of the Charity						
Capital Funds:						
Endowment Funds	9.1	-	-	11	**11**	8
Income Funds:						
Restricted	9.3	-	2,736	-	**2,736**	1,730
Unrestricted		83	-	-	**83**	89
Total Funds		**83**	**2,736**	**11**	**2,830**	1,827

The notes at pages 5 to 13 form part of this account.

Signed:

Date:

Notes to the Account

Accounting Policies **1**

1.1 Accounting Convention

The financial statements have been prepared under the historic cost convention, as modified for the revaluation of certain investments, and in accordance with applicable United Kingdom accounting standards and policies for the NHS approved by the Secretary of State and the Statement of Recommended Practice "Accounting and Reporting by Charities" issued by the Charities Commissioners in 2000.

1.2 Incoming Resources

a) All incoming resources are included in full in the Statement of Financial Activities as soon as the following three factors can be met:

i) entitlement - arises when a particular resource is receivable or the charity's right becomes legally enforceable;

ii) certainty - when there is reasonable certainty that the incoming resource will be received;

iii) measurement - when the monetary value of the incoming resources can be measured with sufficient reliability.

b) Gifts in kind

i) Assets given for distribution by the funds are included in the Statement of Financial Activities only when distributed.

ii) Assets given for use by the funds (e.g. property for its own occupation) are included in the Statement of Financial Activities as incoming resources when receivable.

iii) Gifts made in kind but on trust for conversion into cash and subsequent application by the funds are included in the accounting period in which the gift is sold.

In all cases the amount at which gifts in kind are brought into account is either a reasonable estimate of their value to the funds or the amount actually realised. The basis of the valuation is disclosed in the annual report.

c) Intangible income

There has been no intangible income during the year

Incoming Resources (continued)

d) Legacies

Legacies are accounted for as incoming resources once the receipt of the legacy becomes reasonably certain. This will be once confirmation has been received from the representatives of the estates that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled.

1.3 Resources expanded

The funds held on trust accounts are prepared in accordance with the accruals concept. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

a) Cost of generating funds
The cost of generating funds are the costs associated with generating income for the funds held on trust. This will include the costs associated with investment management and the cost of employing a Fund raising Manager.

b) Grants payable
There was no grants paid during the year.

c) Management and administrative costs
These are accounted for on an accruals basis and are recharges from the West Hertfordshire Hospitals NHS Trust covering audit fees and accounting services.

1.4 Structure of funds

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified in the accounts as a restricted fund. Funds where the capital is held to generate income for charitable purposes and cannot itself be spent are accounted for as endowment funds. Other funds are classified as unrestricted funds. Funds which are not legally restricted but which the Trustees have chosen to earmark for set purposes are classified funds. The major funds held within these categories are disclosed on notes 9.3 and 9.4

1.5 Fixed Assets

The Trust has no Fixed Assets.

1.6 Investment Fixed Assets

Investment fixed assets are shown at market value.

I Quoted stocks and shares are included in the balance sheet at mid-market price, ex-div.

ii Other investment fixed assets are included at trustees' best estimate of market value.

1.7 Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as the arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value(or date of purchase if later).

1.8 Intangible Fixed Assets

The Trust has no Intangible Fixed Assets

1.9 Pensions Contributions

Staff whose costs are charged to these accounts are all employed by the West Hertfordshire Hospitals NHS Trust which is responsible for any pension liabilities.

1.10 Change in the Basis of Accounting

There has been no change in the basis of accounting during the year.

1.11 Prior Year Adjustments

There has been no change to the accounts of prior years.

1.12 Pooling Scheme

An official pooling scheme is operated for investments relating to the funds of West Hertfordshire Hospitals NHS Trust Common Investment Fund.

Details of other material incoming resources **2**

Material incoming resources	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	**Total 2004 Funds £000**	Total 2003 Funds £000
A	0	0	0	**0**	
B	0	0	0	**0**	
C	0	0	0	**0**	
D	0	0	0	**0**	
E	0	0	0	**0**	
F	0	0	0	**0**	
G	0	0	0	**0**	
H	0	0	0	**0**	
I	0	0	0	**0**	
J	0	0	0	**0**	
K	0	0	0	**0**	
L	0	0	0	**0**	
M	0	0	0	**0**	
N	0	0	0	**0**	
Others	(2)	46	0	**44**	223
Total other incoming resources	**(2)**	**46**	**0**	**44**	223

Details of Resources Expended - Other **3** **3.1**

Other:	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	**Total 2004 Funds £000**	Total 2003 Funds £000
Patients welfare and amenities	0	11	0	**11**	10
Staff welfare and amenities	0	11	0	**11**	13
Research	0	0	0	**0**	0
Contributions to NHS	0	119	0	**119**	0
Miscellaneous	16	455	0	**471**	910
	16	**596**	**0**	**612**	933

Analysis of Management and Administration Costs **3.2**

	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	**Total 2004 Funds £000**	Total 2003 Funds £000
Salaries	0	0	0	**0**	0
Establishment costs	0	0	0	**0**	0
Travel costs	0	0	0	**0**	0
Telephone/fax	0	0	0	**0**	0
Annual General Meeting	0	0	0	**0**	0
Audit fee	(8)	16	0	**8**	0
Investment managers fee	0	0	0	**0**	0
Statutory Compliance	0	0	0	**0**	0
Miscellaneous	10	46	0	**56**	62
	2	**62**	**0**	**64**	62

Costs of Generating Funds **3.3**

	Total costs 2004 £000	**Total funds raised 2004 £000**
Fund raising costs	53	78
Investment Management Costs etc. etc	8	83
	61	**161**

Support costs **3.4**

	Total 2004 £000	Total 2003 £000
Cancer Salaries	250	265
Other Salaries	99	101
	349	366

Analysis of Total Resources Expended **4.1**

	Costs of Generating Funds £000	Costs of Activities for Charitable Objectives £000	Support Costs £000	Management and Administration £000	**Total 2004 £000**	Total 2003 £000
Staff	12	0	349	0	**361**	366
Depreciation	0	0	0	0	**0**	0
Impairments	0	0	0	0	**0**	0
Auditors remuneration:						
Audit fee				8	**8**	8
Other fees	0	0	0	0	**0**	0
Indemnity insurance	0	0	0	0	**0**	0
Bought-in services from NHS	0	0	0	53	**53**	54
Other	49	612	0	3	**664**	1,157
	61	**612**	**349**	**64**	**1,086**	1,585

Analysis of Staff Costs **4.2**

	Total 2004 £000	Total 2003 £000
Salaries and wages	**297**	316
Social security costs	**33**	31
Other pension costs	**31**	19
	361	366
Average monthly number of employees in the year:	**14**	14

	Total 2004 £000	Total 2003 £000
Total emoluments of employees (remuneration plus benefits for tax purposes)	**361**	366

Pension Contributions for Senior Employees **4.3**

The following pension contributions were made for senior employees within the following ranges:

	Value of Contributions £000	**Number of staff receiving contributions**
£50,001 to £60,000	**0**	0
£60,001 to £70,000	**0**	0
£70,001 to £80,000	**0**	0
£80,001 to £90,000	**0**	0
£90,001 to £100,000	**0**	0
over £100,000	**0**	0

No employee earns in excess of £50,000

Senior Employees **4.4**

The following number of senior employees received emoluments falling within the following ranges:

	Number 2004	Number 2003
£50,001 to £60,000	**0**	0
£60,001 to £70,000	**0**	0
£70,001 to £80,000	**0**	0
£80,001 to £90,000	**0**	0
£90,001 to £100,000	**0**	0
over £100,000	**0**	0

No employee earns in excess of £50,000

Changes in Resources Available for Charity Use — **5**

	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	**Total 2004 Funds £000**	Total 2003 Funds £000
Net movement in funds for the year	(6)	1,006	3	**1,003**	(643)
Net movement in tangible fixed assets:	0	0	0	**0**	0
Net movement in funds available for future activities	**(6)**	**1,006**	**3**	**1,003**	(643)

Analysis of Fixed Asset Investments — **6**

6.1 Fixed Asset Investments:

	2004 £000	2003 £000
Market value at 31 March	**1,546**	2,233
Less: Disposals at carrying value	**(423)**	(683)
Add: Acquisitions at cost	**412**	1,491
Net gain on revaluation	**658**	(1,495)
Market value at 31 March	**2,193**	1,546
Historic cost at 31 March	**2,167**	2,172

6.2 Market value at 31 March :

	Held in UK £000	Held outside UK £000	**2004 Total £000**	2003 Total £000
Investment properties	0	0	**0**	0
Investments listed on Stock Exchange	1,615	509	**2,124**	1,545
Investments in a Common Deposit Fund or Common Investment Fund	0	0	**0**	0
Unlisted securities	0	0	**0**	0
Cash held as part of the investment portfolio	69	0	**69**	1
Investments in connected bodies	0	0	**0**	0
Other investments	0	0	**0**	0
	1,684	509	**2,193**	1,546

Analysis of gross income from investments — **6.3** Total gross income

	Held in UK £000	Held outside UK £000	**2003-04 Total £000**	2002-03 Total £000
Investment properties	0	0	**0**	0
Investments listed on Stock Exchange	68	0	**68**	63
Investments in a Common Deposit Fund or Common Investment Fund	0	0	**0**	0
Unlisted securities	0	0	**0**	0
Cash held as part of the investment portfolio	15	0	**15**	12
Investments in connected bodies	0	0	**0**	0
Other investments	0	0	**0**	0
	83	0	**83**	75

Analysis of	**7**			31 March 2003
Debtors	**7.1**	Amounts falling due within one year:	**£000**	£000
		Amounts due from subsidiary and associated undertakings	**0**	0
		Trade debtors	**0**	0
		Prepayments	**4**	0
		Accrued income	**290**	143
		Other debtors	**38**	0
		Total debtors falling due within one year	**332**	143
	7.2	Amounts falling due over one year:		
		Amounts due from subsidiary and associated undertakings	**0**	0
		Trade debtors	**0**	0
		Prepayments	**0**	0
		Accrued income	**0**	0
		Other debtors	**0**	0
		Total debtors falling due after more than one year	**0**	0
		Total debtors	**332**	143

Analysis of	**8**			31 March 2003
Creditors	**8.1**	Amounts falling due within one year:	**£000**	£000
		Loans and overdrafts	**0**	0
		Trade creditors	**0**	0
		Amounts due to subsidiary and associated undertakings	**0**	0
		Other creditors	**0**	78
		Accruals	**0**	66
		Deferred income	**0**	0
		Total creditors falling due within one year	**0**	144
	8.2	Amounts falling due after more than one year:		
		Loans and overdrafts	**0**	0
		Trade creditors	**0**	0
		Amounts due to subsidiary and associated undertakings	**0**	0
		Other creditors	**0**	0
		Accruals	**0**	0
		Deferred income	**0**	0
		Total creditors falling due after more than one year	**0**	0
		Total creditors	**0**	144

Analysis of Funds **9**

9.1 Endowment Funds

		Balance 31 March 2003 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains and Losses £000	**Balance 31 March 2004 £000**
	(list individually)						
A	Love of Roses	8		0	0	3	**11**
B							**0**
C							**0**
D							**0**
E							**0**
F							**0**
G							**0**
H							**0**
	Others (number of funds)						**0**
	Total	8	0	0	0	3	**11**

Details of material funds - endowment funds **9.2**

	Name of fund	Description of the nature and purpose of each fund
A	Love of Roses	Purchase of Commemorative Brooch
B		
C		
D		
E		
F		
G		
H		

9.3 Restricted Funds

		Balance 31 March 2003 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains and Losses £000	**Balance 31 March 2004 £000**
	Material funds						
	(list individually)						
A	CT Scanner	63	70	(88)	0	20	**65**
B	Early Arthritis Study	31	1	(29)	42	13	**58**
C	Gurney Bequest	46	2	(17)	0	17	**48**
D	Corporate BP Monitors	72	0	(6)	0	18	**84**
E	Cancer Centre	74	302	(38)	0	51	**389**
F	Cancer Support	99	266	(253)	0	36	**148**
G	Cancer research	352	18	(42)	0	140	**468**
H							**0**
	Others (302)	993	712	(571)	(68)	410	**1,476**
	Total	1,730	1,371	(1,044)	(26)	705	**2,736**

Details of material funds - restricted funds **9.4**

	Name of fund	Description of the nature and purpose of each fund
A	CT Scanner	New / Replacement Scanners
B	Early Arthritis Study	Rheumatology Research
C	Gurney Bequest	Medical Equipment / Training
D	Corporate BP Monitors	Blood Presure Monitors
E	Cancer Centre	Cancer Research
F	Cancer Support	Production of Information re cancer and support services
G	Cancer research	Cancer Research
H		

Details of material transfers between funds **9.5**

Transfer		Reason	Amount
from fund	to fund		£000
Rheumatology Fund	Early Rheumatology Arthritis	Rationalisation of Rheumatology Funds	42
Rheumatology Fund	Rheumatology Clinical	See Above	24
Rheumatology Fund	Early Arthritis Study	See Above	20

Connected Organisations **10**

Name, nature of connection, description of activities undertaken and details of any qualifications expressed by their auditors	2003-04		2002-03	
	Turnover of Connected Organisation £	Net Profit/ (Loss) for the Connected Organisation £	Turnover of Connected Organisation £	Net Profit/ (Loss) for the Connected Organisation £
West Hertfordshire Hospitals N.H.S Trust board members act as trustees of the charity.	215,098,000	**(519,000)**	210,257,000	11,668,000

Agenda Item No. 64/04

West Hertfordshire Hospitals NHS
NHS Trust

From: Patient & Public Involvement Manager

To: Trust Board, 1st July 2004

Subject: **'Coming Home' Project**

Action: To note

Executive Summary

- The attached report & Executive Summary details work carried out over the last nine months in respect of the 'Coming Home' project that used real life experiences to improve hospital discharge on the Watford General Hospital site (with a view to rolling this project out across the whole of Beds & Herts)

- This was a joint project by the Trust, Watford & Three Rivers PCT, Carers in Hertfordshire & Adult Care Services using the 'Imagine……' process developed by the New Economics Foundation (NEF)

  The Trust is working collaboratively with WHHT Acute & Watford & Three Rivers PCT PPI Forums, Watford General Hospital Social Work Teams & Discharge Co-ordinators, Voluntary Organisations and the Modernisation Agency together with a wide range of the public from all local communities

- A considerable amount of work is under way following the initial day event that highlighted three main areas of work:

  1. Patient information
  2. Checklist for Patients & Carers
  3. Training for Carers

Board members are invited to note and comment on this report

imagine.....

coming home from hospital

Executive Summary

Using Real Life Experiences to Improve Hospital Discharge at Watford General Hospital

A previous listening event with carers in Watford identified coming home from hospital as an area for improvement. This report describes a project undertaken in 2003/04, using an innovative process of community participation in a whole system approach.

The 'Imagine' process, developed by the New Economics Foundation (NEF), enabled genuine partnership, bringing together the skills, experiences and enthusiasm of people using services and those who provide services, including previously excluded groups.

It provided an opportunity for people to **tell their stories** and share their experiences, which generated possibilities for improving hospital discharge at Watford General Hospital.

In addition, it brought together people who wouldn't normally meet and established links for future work. It also demonstrated the important contribution that can be made by users, their carers, voluntary organisations and operational staff to statutory services.

With the focus on what works, participants were able to identify and appreciate existing success, which lead to a **shared vision and realistic outcomes** for 'coming home' from Watford General Hospital in the future.

These included:

- **Ensuring patients receive appropriate transport and support on the journey home**
- **Identifying a named point of contact for the individual prior to discharge**
- **Discharge Checklist for staff patients and carers to be produced**
- **Improving information sharing between patient/staff/carer**
- **Rolling programme for professional advice/education/training for carers**
- **Improving night time support for those at risk, at home.**
- **Ensuring patients and carers can raise concerns about hospital discharge.**
- **Improving the management of medicines**
- **Ensuring individual needs are considered**
- **Providing regular feedback on progress with these actions**

A local Steering Group comprising membership from statutory and voluntary organisations and members of the local Patient and Public Involvement Forums is taking these actions forward.

If you would like further information about the process or action plan, or you would like to get involved with the ongoing work of the project, please contact a member of the Steering Group below:

Angela Cannon	Project Officer-Carers for Adult Care Services Tel: 01923 471400. Email: angela.cannon@hertscc.gov.uk
Diana Chatterton	Team Manager (Elderly, and Physical Disability), Adult Care Services Tel: 01923 471400. Email: diana.chatterton@hertscc.gov.uk
Dorothy Skidmore	Development Manager, Adult Care Services Tel: 01923 471400. Email: dorothy.skidmore@hertscc.gov.uk
Elise Charles	Patient and Public Involvement Forum member. Contact via Heather Aylward Tel: 01707 695505
Heather Aylward	Project Director, Herts Patient and Public Involvement Forum Project Tel: 01707 695505. Email: heatheraylward@uk8.net
Henry Goldberg	Patient and Public Involvement Forum member. Contact via Heather Aylward Tel: 01707 695505
Lesley Lopez	Patient and Public Involvement Manager at West Hertfordshire Hospitals NHS Trust Tel: 01442 287656. Email: lesley.lopez@whht.nhs.uk
Rachel Allen	Business Manager (Corporate Affairs) at Watford and Three Rivers Primary Care Trust Tel: 01923 713070. Email: rachel.allen@watford3r-pct.nhs.uk
Ruth Connolly	Senior Services Manager, Older Peoples Services at West Herts Hospitals NHS Trust Tel: 01923 244366. Email: ruth.connolly@whht.nhs.uk
Sue Reeve	Chief Executive of Carers in Hertfordshire Tel: 01992 586969. Email: sue.reeve@carersinherts.org.uk
Val Motyer	Team Manager, Hospital Social Work Team, Watford General Hospital Tel: 01923 244366. Email: val.motyer@hertscc.gov.uk

Full copies of the report can be found on the following websites:

www.watford3r-pct.nhs.uk
www.westhertshospitals.nhs.uk
www.carersinherts.org.uk
www.hertsdirect.org

Hertfordshire

NHS

West Hertfordshire Hospitals NHS Trust, Watford and Three Rivers Primary Care Trust

West Hertfordshire Hospitals NHS Trust, Watford and Three Rivers Primary Care Trust

Using Real Life Experiences to Improve
Hospital Discharge at Watford General Hospital

imagine.....

coming home from hospital

2003 – 2004

EXECUTIVE SUMMARY

A previous listening event with carers in Watford identified coming home from hospital as an area for improvement. This report describes a project undertaken in 2003/04, using an innovative process of community participation in a whole system approach.

The 'Imagine' process, developed by the New Economics Foundation (NEF), enabled genuine partnership, bringing together the skills, experiences and enthusiasm of people using services and those who provide services, including previously excluded groups.

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With the focus on what works, participants were able to identify and appreciate existing success, which lead to a shared vision and realistic outcomes for 'coming home' from Watford General Hospital in the future.

These included:

- Improved multidisciplinary working
- Existing discharge roles clarified
- Ensure patients receive appropriate transport and support on the journey home
- Ensure that the quality of hospital discharge is part of performance management structures
- Ensure link person identified for the individual prior to discharge to ensure all links are there for continuation of care
- Feedback – maintaining links from the project
- Improve communications between clinical staff
- Carers/Discharge Checklist to be produced
- Improve the sharing of information between patient/staff/carer. Identify a mechanism to seek consent using appropriate clinical governance expertise
- Rolling programme for professional advice/education/training for carers
- Improve nighttime support for those at risk, at home.
- Ensure patients have access to mechanisms to raise concerns about hospital discharge.
- Improve medicines management
- Strategic Issues fed through PPI Forums
- Ensure needs of ethnic minority groups are considered

A local Steering Group comprising membership from statutory and voluntary organisations and members of the local Patient and Public Involvement Forum is taking these actions forward.

Full copies of the report can be found on the following websites: -
www.watford3r-pct.nhs.uk
www.westhertshospitals.nhs.uk
www.carersinherts.org.uk
www.hertsdirect.org

If you would like further information about the process or action plan, or you would like to get involved with the ongoing work of the project, please contact a member of the Steering Group below:-

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Diana Chatterton	Team Manager (Elderly, and Physical Disability), Adult Care Services. Tel: 01923 471400 Email: diana.chatterton@hertscc.gov.uk
Dorothy Skidmore	Development Manager, Adult Care Services now with a lead for supporting the implementation of Single Assessment across the Hospitals in Herts and on the borders. Tel: 01923 471400 Email: Dorothy.skidmore@hertscc.gov.uk
Elise Charles	Patient and Public Involvement Forum member. Contact via Heather Aylward. Tel: 01707 695505
Heather Aylward	Project Director, Herts Patient and Public Involvement Forum Project Tel: 01707 695505 Email: heatheraylward@uk8.net
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Val Motyer	Team Manager, Hospital Social Work Team, Watford General Tel: 01923 244366 Email: val.motyer@hertscc.gov.uk

CONTENTS

INTRODUCTION

A project was established following a listening event with carers in Watford, which identified hospital discharge at Watford General Hospital an area for improvement. A Steering Group (pictured below and detailed in appendix 1) of local statutory and voluntary organisations was established and decided to use an innovative process of community participation to develop a shared vision for hospital discharge at Watford General Hospital.

From left to right, top to bottom (Heather Aylward, Diana Chatterton, Val Motyer, Dorothy Skidmore, Sue Reeve, Rachel Allen, Richard Murray, Ruth Connolly, Lesley Lopez, Elise Charles, Henry Goldberg)

Process

The Steering Group were trained to conduct the Imagine process, developed and facilitated by New Economics Foundation (NEF). Patients, carers and the whole system of professional staff across statutory, voluntary and private organisations were asked to tell stories about coming home from hospital and identify from that experience what worked well. The themes from these stories were used in a stakeholder conference to develop a local action plan.

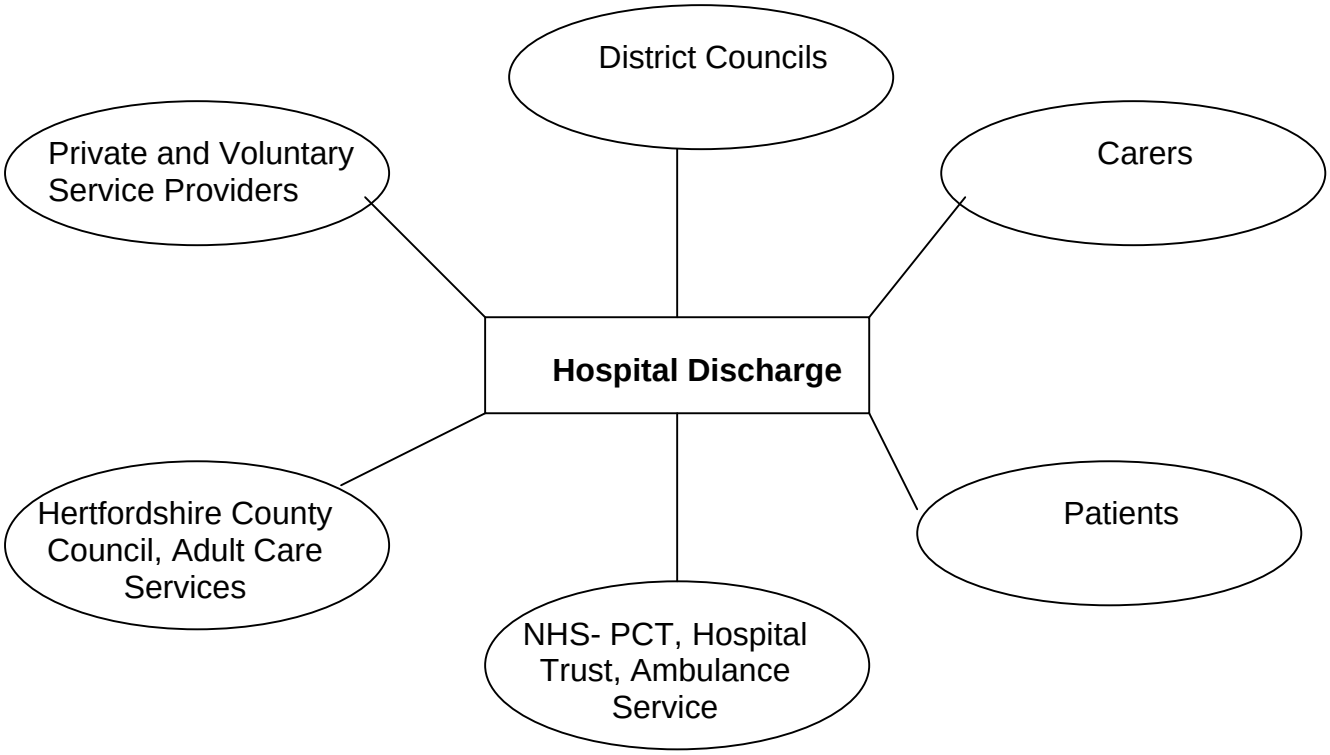
The six stages of the Imagine process are:-

1. Define the issue and develop a set of questions to explore it
2. Discover what is working by using the questions to draw out stories
3. Dream how the future could be building on existing success. Express people's ideas as 'provocative propositions'.
4. Co-create the dream by forming partnerships that in turn use the Imagine method
5. Celebrate the project and its achievements
6. Evaluate the approach and the achievements and use the evaluation to improve next time around

For more information about Imagine, contact: Richard Murray, NEF
Tel: 020 7407 7447 ext 250
Email: Richard.murray@neweconomics.org

STAKEHOLDERS

This chart illustrates the main stakeholders involved in hospital discharge who were included in the Imagine process.



Stage 1 – define the issue and develop questions

The first part of the project involved piloting questions to gather information through semi-structured interviews (– more like conversations) with individuals from the different stakeholders. These questions focused on the important elements of a good "coming home from hospital process" and explored how this could be improved.

The pilot questions asked were:-

1. Tell me about a time or occasion when you felt in control of decisions in your life? What made you feel in control?

2. What does this tell you about a patient's experience of hospital?

3. Tell me about a time when coming home from hospital went well. What were the main reasons for this?

4. Thinking of your experience of coming home from hospital, what is important to make it work?

5. How can health, social and care services give patients the support and confidence to do the right things for themselves?

6. If you are thinking of making a significant change and it involves other people, what helps you to plan/make the change well?

The following groups of people were involved in the pilot:-

Housing
Nursing homes & Age Concern
GPs
Hospital staff/users
District Nurses
Carers & Powher
Care Agencies
Complainants
Alzheimer's Association
Ethnic minority groups
Councillors and MPs

After the pilot the questions were amended to produce a final set of questions to be used in stage 2.

Stage 2 – Discover

The stakeholders involved in stage 2 of the process (appendix 2) were asked to respond to the revised set of questions below:

1. Coming home from hospital can go well and it can also go wrong / be difficult. Tell me about your personal or professional experiences of this. / What has it been like for you?

2. Reflecting back on your experience, what is important to make it work well?

3. The things we're interested in that are important for making coming home from hospital a good experience are about people being able to make choices and decisions for themselves. Tell me about an occasion when you were confident enough to make your own choices and decisions. This can be in terms of your health and well-being or if you prefer, any situation in your life. What made you feel confident?

4. Thinking about the conversation we have had and the points you've made, how can health and social care services give patients the support and confidence to do the right things for themselves?

5. Imagine that at sometime in the future you intend to make a significant change that affects you and involves other people. What helps you to plan / make that change effectively?

The questions were used to draw out stories about people's experience of coming home from hospital and to understand what works well.

Quotes from these stories can be found throughout the report and in appendix 3.

Stage 3 – Dream how the future could be

Following stage 2, the Steering Group identified themes from the questioning process to form provocative propositions.

The themes were:-

Information
Communication and Empowerment
Network: Post Discharge
Involvement
Doing Things Differently
Assessment, Planning and Follow Through

Provocative propositions are statements about an achievable vision of good hospital discharge that is not currently happening but is just out of reach. The statements are ones that everyone can aspire to.

The provocative propositions developed by the Steering Group are listed below:

Involvement
It is recognised that care starts at home. When someone comes into hospital, patients, carers and professional staff contribute to decisions about and arrangements to support their care when they come home.

Network: Post Discharge
When a person leaves hospital, they are helped to adjust to the change. Their feeling of safety and security is maintained by continuity of care and professional support. Before they come home, they know what to expect, have a written plan of care and know who to contact if things go wrong.

Information
Appropriate and relevant information is always shared between professionals, patients, families and carers. This information is timely, understandable and enables them to make informed decisions.

Communication And Empowerment
Successful communication generates trust and understanding. Everyone responsible for providing care shares and communicates all the information and choices available in a way that is co-ordinated, understandable and reassuring. Opportunity is given to express views and concerns so that

patients feel confident and supported through the coming home process and professionals can provide a safe and seamless service.

Doing Things Differently
In a patient-centred service, patients, families and carers are able to have a say about their experiences and are confident that this is listened to and acted upon so that this leads to a change for the better. Everyone is encouraged to think of flexible and creative solutions.

Assessment And Planning And Follow Through
When patient arrives in hospital, their needs and those of their carer/relative(s) are fully assessed by the appropriate professionals. Their views and concerns are listened to. This includes discussion of the support they need to come home. The patient and/or their carer/relative agree a plan for their care and treatment in hospital and for when they come home. All professionals involved in the patients care contribute to and agrees this plan. The patient has confidence that commitments made to them are followed through.

These propositions were discussed at a stakeholder conference, which was stage 4 of the process.

Stage 4 – Co-create the dream

A stakeholder conference was held at the Ramada Jarvis Hotel, Bushey, in November 2003. The event was hosted by Carers in Hertfordshire, Watford & Three Rivers Primary Care Trust, West Hertfordshire Hospitals NHS Trust and Hertfordshire County Council, and was facilitated by NEF.

53 people attended (excluding the Steering Group) and a full list can be found in appendix 4.

The purpose of the conference was to discuss and amend the provocative propositions to achieve a shared vision amongst patients, carers and professional staff of good hospital discharge and to create an action plan to achieve this.

The conference was jointly chaired by Rosie Sanderson, Chairperson of West Hertfordshire Hospitals NHS Trust and Gerald Bordell, Chair of West Herfordshire Hospitals NHS Trust Patients' Panel.

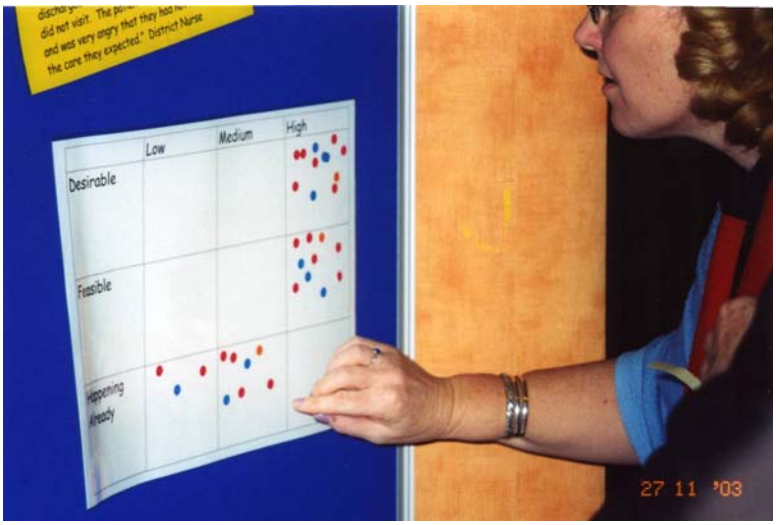
Professionals, patients and carers were invited to ensure that all viewpoints were considered. During the day there was a lot of lively discussion and many practical suggestions of ways to improve the patients experience.

The day began with presentations from Ruth Eley from the Department of Health Change Agent Team and a patient Jessie Winyard. Ruth highlighted some of the problems with regard to coming home from hospital and how these were being addressed at a national level.

Jessie spoke about her own personal experience of coming home from hospital and helped set the scene for the conference.

Gerald Bordell and Jessie Winyard

Participants were then asked to review the provocative propositions and decide whether they were desirable, feasible or happening already by using the matrix shown below.



Participants also provided comments on what was missing or should be changed. In the afternoon, group discussion took place about what action was needed and in what timeframe to make the propositions happen.

Short: within 3 months
Medium: by December 2004
Long term: beyond December 2004

The following sections of the report outline the discussions and feedback that was received on the six provocative propositions.

FEEDBACK FROM THE CONFERENCE

Involvement

"For elective admissions, discharge options should be known before the patient is admitted and these should have been discussed jointly with health professionals and the family. For emergency admissions, where possible there should be a long term care plan, options should be discussed when the patient is not in pain or stressed and they should be involved at an early stage." GP

One strong theme emerging from the short session that made up the morning workshop was the barriers to involvement, regardless of being a patient, carer or professional. This included:-

- Attitude towards age, ie. If you are old you do not have an opinion
- Lack of recognition of everyone's role
- Conflicting perspectives and expectations. For example, when there is a conflict between patient and carer or conflict of views between professionals in different parts of the discharge process. This was highlighted by an example of conflict between the ward and the ambulance service**.**
- Hiding behind confidentiality or status
- Communication problems, eg understanding or language
- Lack of information ie. not able to make an informed decision
- Information not being shared
- Patient being transferred between wards, no consistency
- Lack of knowledge of advocacy services
- Last minute discharges

Another theme concerned how to ensure the patient had the necessary medication on discharge and that they and their carer knew how to administer this medication.

The afternoon session also identified the need to establish clear values around hospital discharge and develop a shared culture in connection with these. Lots of ideas were given about what this culture should be, including:

- Empowered patients, carers and staff
- Communication not assumptions
- Informed choice
- Respect for privacy and dignity
- Training and learning is facilitated

The following actions were identified throughout the workshops and these are shown below:

Action	**Responsibilities**	**Timescale**
Producing a Discharge Directory	Steering Group	Medium
Wearing of identification	Facilities Division, West Herts Hospitals NHS Trust	Ongoing
More joined up services and better co-ordination between specialities	All	Ongoing
Better networking between ambulance service and the hospital trust	Lesley Lopez and Modern Matrons	Medium
A checklist for patients on discharge	Steering Group	Long
Regular drop-in sessions to talk to the Ward Sister	Steering Group	Medium
Ensuring links with existing patient groups to help influence and improve services	All	Ongoing

Network: Post Discharge

"A good experience of hospital discharge was when the Discharge Co-ordinator phoned and gave information about the patient prior to them being discharged." District Nurse

The following five common themes emerged during the morning market stall workshops which can be divided under the following headings:-

Clarity of roles
There are very many staff and other people involved in the discharge of any patient, the role of each of these people is often far from clear. It was felt that information should be gathered in advance – before it was needed. Assumptions should not be made about a patient or their family for example about family availability to assist post discharge. This information could form the basis of a discharge 'check-list' which could assist the discharge co-ordinator, who should be involved. Discharge experiences should be shared appropriately so lessons can be learnt and improvements made for the benefit of the client.

Emotional Aspects
There was a strong theme supporting a move to ensure the patient was at the centre of all aspects of the care and discharge plan. Patients should be treated with dignity through the discharge process which is their 'journey'. Single Assessment was seen as a positive way to improve the patient journey and hopefully, being patient centred, be a means to breakdown some rigid professional mindsets and introduce flexibility to service provision. There was a support for one key-worker or contact to assist with the discharge process for a patient as this was seen as more effective and less tiring.

Carers Assessments
From the outset there should be a clear understanding of the role of a carer in a particular situation, and whether or not one has been identified. The carer should then be actively involved in the discharge process, be given information and notice of the discharge date. The carer may benefit from information on outside resources and services and these should be readily available. If this involvement does not take place there can quickly be a

breakdown in the carer network. As in Section 2 one key-worker with a single telephone contact point was favoured.

Access To Services

Patients felt the criteria was sometimes too strict inaccessible or impossible to understand. Some felt that the criteria made it feel that it was a battle to obtain what a patient actually needed which was draining for the carer who needed considerable support through the process. To assist the following were suggested, use of the discharge co-ordinators, PALS service, introduction of an equipment 'supremo' and to abolish the answerphone – unless calls are returned without fail in a reasonable time.

Post Discharge Network

Discharge will be most successful if there is careful, co-ordinated planning before, during and post discharge. Active participation from the patient will lead to a more successful discharge and a 'Patients Rights Charter' should be considered .

. In addition to the themes and specific points outlined above the following points were raised. There should be simple written instructions to include information such as re- admission procedure. Promises should be kept, eg the provision of services, and provider agencies should be informed of discharges as soon as possible. In general there should be better communication between agencies.

Quick reference guide to key points ensure a successful discharge network

Actions to be clear – by whom/when
Assessments and re-assessments – by any appropriate
Communication
Contact point post discharge
Discharge card with information
Discharge planning to be improved
Equipment provision – promptly
Flexibility in service delivery
Hospital at home – to be used to the full
Information – if you receive it you are responsible for it and any required action
'Meet and Greet' person
One Access point to staff
Pathway defined for patient and carer
Planning – crucial in all circumstances
Resources – more – better – accessible
Responsibility – take it and own it
Share knowledge and information for benefit of patient
Social workers – to be used to the full
Timely provision of services eg shopping
Training for all staff as required.

ACTION	RESPONSIBILITIES	TIMESCALES
Patient pack		Short
Discharge Card with essential information		Short
Focus and discharge goal set at time of admission		Short
'Meet and Greet' Service		Medium
Plan essential staff training		Medium
Training for particular, possibly new, staff roles		Medium
Resource facilitator/match		Long
To 'get it right in the future'		Long

Information

" I was given a leaflet with information on what procedures I had undergone with 'what to watch out for' information and special instructions…another leaflet of what to do if I had any problems or concerns…I had at my fingertips telephone numbers and who to contact if I had concerns…everything was clear and I had no doubt as to what to do." Patient

Participants stated that there was an issue around 'information overload' – but identified that it needed to be timely, understandable and include all aspects of hospital discharge. This should be available in different formats and take into consideration patients whose first language is not English or those who are not literate. It would need to link in with external service providers : raising awareness within health of community groups . It was felt that there was sometimes a lack of respect for other service providers. Information should also include 'what to expect' – for example future caring tasks or side effects.

Participants thought that there were too many links in the chain: too many people involved in the information giving process. A Key Person was required to take responsibility for the whole 'going home ' process. This would aid professionals to work together and would provide a contact post discharge. It was felt that GP's had a key role to play in the process: they should be aware when a patient is admitted from hospital, when they have been discharged and what information had been provided. There should be a sharing of information between all 'users' of the service as well as professionals. Professionals should actively seek out information and provision of this should not be dependent on who you speak to.

Patients should be treated as key partners in the process and as such given more information on procedures and on what to expect. It was suggested that staff training on communication would be advantageous to ensure that

assumptions are not made and that they are not scared to give information out.

Participants in the afternoon session looked at 'what needs to charge'

They identified that everyone should be treated professionally and sent information prior to admittance. If there was a pattern/structure to disseminating information everyone would be on board, not reliant on individuals. NHS Direct could be more widely accessed for information provisions. Participants agreed that discharge should be Patient rather than Professional led, for example several appointments could be done during one assessment.

Actions

Action	Responsibilities	Timescale
A Patients Aide (possibly a volunteer) overseeing patients and on duty in corridors – could informally check that patients had been seen , transport arranged and troubleshoot by instant problem solving – possibly linking into PALS	Could link in with existing Volunteer network, be administered by PALS	Short Term
Information required prior to admittance and discharge. An individual KEY WORKER to co-ordinate ALL aspects of a successful hospital discharge.	Linking into Discharge Lounge	Short/Medium
Checklist for Carers/Patients and Staff to ensure correct information is provided.	Key Worker	Medium Term

Participants praised the theme: acknowledging that information was the key to a successful 'coming home' experience. A Key worker was seen as important to achieve the proposal.

Communication and Empowerment

"My hospitalisation went well because I was totally consulted and felt safe. Prior to discharge…my family and I were able to ask questions and amend the (discharge) package where necessary." Patient

There were many suggestions made about the elements needed for successful communication. This included:-

- Not making assumptions
- Ensure it is understood – repeat if necessary
- Plan communications to ensure they are structured
- Be honest
- Listen – value people, absorb information and use to good effect
- Ensure information given is accurate
- Good communication is everyone's responsibility
- Being proactive through better planning

Other special areas for consideration included:-

- Children
- Language
- Providing leaflets

There was a strong agreement that communication between professionals was very important and needed improvement and the following suggestions on this subject were made:-

- Medical team in the hospital liaising better with multi-disciplinary teams in the community
- Better communications between GPs and hospitals
- Doctors training needs to include communication skills
- Ambulance drivers need comprehensive information eg on patients home situation and patients condition.
- Need to communicate to patients/relatives that the ambulance service can't transport excessive personal belongings. Will reduce claims!
- Better information to GPs regarding the medication prescribed in hospital to ensure they do not run out

- Better communication of medical conditions between medical staff – what do they need to know?
- Better liaison between the hospital and sheltered housing wardens

Participants were disappointed that there were no GPs present at the conference as it was felt they were the key person for the patient to get information

Another key point was the involvement and empowerment of patients, relatives and their carers. Participants felt strongly that patients, relatives and their carers should be involved at an early stage to help professionals make decisions. This in turn would help them feel empowered to make their own decisions and ask questions. The following points were raised for consideration:-

- Giving greater consideration to outcome expected by the patient
- Professionals need to actively seek patient feedback on the ward
- Form for patients to ask questions and have doctors supply written answers
- Ward environment does not empower people to be independent.
- Important for the patient to have a friend, relative or advocate with you when care is being discussed with professionals
- Professionals available out of hours to talk to

In relation to involvement, other issues were raised about confidentiality, particularly the conflict between relatives and carers needing to be involved whilst maintaining the confidentiality rights of the individual. The following points were raised in relation to this:-

- Check if the patient is happy to have someone else listening to confidential matters
- Need to ensure confidentiality is respected – opportunity to have conversations in private not on the ward
- Sharing information with other professionals important but patients need to know who it will be shared with
- Data protection/confidentiality don't let this dominate

In the afternoon, a group workshop was held to identify the actions required to ensure that the vision for communication and empowerment could be achieved.

The following actions were identified:-

Action	**Responsibilities**	**Timescale**
Multi-disciplinary meetings regularly	Dee Ramtej, Watford General Hospital	Short
Promote DISH co-ordinator role – admissions pack, leaflets, posters	3 Discharge Co-ordinators (Nicky Perkins)	Short
Promote and feedback this role to 3 Rivers Council Sheltered Housing Officer	Jenny Jones (Sheltered Housing, Watford Council)	Short
Maintain links from today	Everyone	On-going
Ward clerk records improved to contain more detailed information necessary for patient discharge (consider use of BHAPS good practice form)	Gary Ethridge and Modern Matrons, Watford General Hospital	Short
Incorporate hospital discharge issues in the Performance management system via Trust Board	Ailsa Bernard and HR	On-going
Discharge Co-ordinators to ensure that the necessary links are made between all the relevant people involved in the continuing care of the patient when they are discharged.	Discharge Co-ordinator posts	Medium

In summary, the comments received from participants regarding this theme supported the provocative proposition, which was thought to be achievable.

Doing Things Differently

"Try to be creative, look beyond your current resources and what is done now. It doesn't have to be the same all the time." Patient

The comments from this workshop can be grouped into 3 types demonstrating that action is necessary on a number of fronts to really make a difference

- Change of Attitudes
- Use of existing resources in different and improved ways
- Strategic messages

Change of Attitudes

People were very clear and united in their identification of the attitudes that are important –person centred; empowering of users and carers by involving them, share information and knowledge. It is interesting that many participants needed to restate these principles in the conference. This suggests that whilst these attitudes are sometimes shown, we still have to make them a reality every time for every patient leaving hospital.

These values are enshrined in many of the current strategies and frameworks governing practice, so there are many drivers to facilitate some work in this area. Perhaps a start would be to simply make them more explicit in the environment of the hospital: in the literature given to patients and carers, as well as in training of staff, so that literally people do not lose sight of them under the daily pressures experienced by people in our hospital.

Use of existing resources in different and improved ways

People could see some simple ways of using how existing resources or processes in a better way, some with little or no significant resource implications. It is important to note that patients and carers showed the same

realism about constraints on resources, particularly money, and confounded the stereotype that, if asked, patients and carers will produce an unachievable wish list.

Strategic messages

There were good examples in suggestions for action for not creating new services and thereby m re gaps, but creating packages that people need.
It will be possible to point to the tie up between the suggestions made in the conference and the overall strategic direction in Hertfordshire for work to improve health and social care services and make better use of resources.
The conference emphasised the importance of checking back and finding out whether the change is creating the desired impact or something different! We will need to do the same in implementing actions from the conference

Action	**Responsibilities**	**Timescale**
Build on the sisters clinic by giving other professionals access to it and information about it to patients /carers and include it on the carers checklist.		Short
Carers checklist (already started?)	Gerda, Ruth, Adrian, Ansuya, Louise Coleman, Sarah Brown and carers /CinH	Medium
Written information for carers	Gerda CinH Rachel	Medium
Ask for written patient consent to share information with carer	Ward	Short
General education /advise for carers, moving and lifting, managing medication etc open to all (not necessarily just on discharge), in a programme linked to the	Girda/CinH/Rachel Allen	Medium

day centre and written information for carers		
Night time support for the most at risk who prefer to be at home	Intermediate care team, particularly MH	Long

Assessment, Planning and Follow Through

"To make coming home from hospital work, it is essential to have all the necessary help in place prior to discharge. A promise to do this is simply not enough – it must be a written statement of what is going to be in place, which is signed by both the patient and the professionals prior to leaving hospital." Patient

Several key points emerged from the morning market stalls workshops

Key Points:

- Starting the assessment process as early as possible and ensuring that assessment information is shared throughout the patient's journey both with the patient and with other professional staff involved in the patient's care. This would prevent crucial information about the patient's home circumstances being missed out altogether

- Cultural shift to patient being at the centre of the process and their views taken more fully into account in future plans. The importance of patients' having an opportunity to talk in private and for relatives to have easy access to doctors were raised repeatedly throughout the morning session.

- Communication between acute and community staff to include to include other professionals who know the patient well (e.g. wardens in sheltered accommodation. This will not only allow a more rounded picture of how the patient was managing prior to admission but would also give a greater understanding of the what services are available to support the patient at home.

- Important role for carers and/or advocates. Carers, friends and relatives are able to contribute to the patients' assessment with their knowledge of how they were managing prior to admission. They can offer support in meetings with staff in the hospital to ensure that information and choices are fully understood. They may themselves be feeling under stress and it

is important that they have an opportunity to share their concerns as early as possible during the patient's stay in hospital. They may need an assessment in their own right as a carer to enable them to carry on their caring role.

- Co-ordination**:** Again a common theme running through the morning session was the need for an identified person to be in overall charge of the process. And for there to be written information that will help the patient and carer know what the assessment entails and what has been agreed.

- Medicines management**:** recognising the importance for patients to be clear about their drugs particularly where these have changed and highlighting the fact that confusion leads to re- admissions. Several suggestions were made about how the role of pharmacists in both the hospital and community could be strengthened.

Conclusion from the morning session

There was a strong sense that small steps with an emphasis on better communication would make a difference to a patient's experience of coming home. A practical suggestion included a follow –up telephone call a day or two after discharge to ensure that services are in place and the patient is coping.

Afternoon workshop

Discussion focussed on key themes raised during the morning session and some of the constraints to making this proposition a reality for all patients. There was a general recognition that time is the biggest constraint in Watford General. There is always a relentless pressure on beds which means that patients who are less acutely ill may be rushed through their hospital stay. This tension is also felt in the community with District Nurses caring for people who are very frail. Some of these themes link to work already in progress across the Trust. The introduction of the single assessment process from April 2004 and the review of the Discharge Planning will begin to address many of the points that were raised.

Action	Responsibilities	Timescales
Feedback from Questionnaires with patients having planned admissions	Lesley Lopez	Short
Follow up on simple steps identified – e.g. not cancelling care until admission agreed	Link to A& E/ESC work in progress (Suzanne Colbert?)	Short
Check correct booking of ambulances	D/Cs & Amb service	Short
Medicines' management to include review of practices across the Trust and completion of TTAs	Joan Ashby	Medium
Understanding roles & responsibilities of all staff involved both in Acute & community	Link to Single Assessment process & d/c planning (key staff are Ruth Connolly, Sue Cooper, & other d/c posts)	Ongoing – with implementation of SAP from April 2004
Raising Awareness of needs of patients from ethnic minority communities	Link to PALs and Patient Panel members (? Others to help with this)	Medium

Stage 5 – celebrate the project and its achievements

Through the Imagine process, the Coming Home Project enabled genuine partnership, bringing together the skills, experience and enthusiasm of people using services and those who provide services, including previously excluded groups.

It provided an opportunity for people to tell their stories and share their experiences, which generated possibilities for improving hospital discharge at Watford General Hospital.

In addition, it brought together people who wouldn't normally meet and established links for future work. It also demonstrated the important contribution that can be made by users, their carers, voluntary organisations and operational staff to statutory services.

With the focus on what works, participants were able to identify and appreciate existing success, which lead to a shared vision and realistic outcomes for 'coming home' from Watford General Hospital in the future.

SHARED VISION AND REALISITIC OUTCOMES – ACTION PLAN

The following action plan has been put together to take forward the issues raised during the Coming Home Project.

Outcome	Action Required	Responsibility	Timescale	Progress
Improved multidisciplinary working	Find out the outcome of a recent review and feedback to conference participants	Ruth Connolly		
Existing discharge roles clarified	Job descriptions and job titles to be obtained	Steering Group	1st Quarter	
Ensure patients receive appropriate transport and support on the journey home	Check use of BHAPS booking form and link with Essence of Care	Lesley Lopez		
Ensure that the quality of hospital discharge is part of performance management structures	Communicate with NEDs to identify responsibility	Lesley Lopez Diana Chatterton Rachel Allen	1st Quarter	
Ensure link person identified for the individual prior to discharge to ensure all links are there for continuation of care	Identify mechanisms. Link with Single Assessment process	Ruth Connolly Dorothy Skidmore	1st Quarter	
Feedback – maintaining links from the project	Use existing newsletters to feedback progress with the project	All	Quarterly	
Improve communications between clinical staff	Build on Sister clinics on each ward – increase access – promote	Ruth Connolly		
Carers/Discharge Checklist to be produced	Convene a task group to take forward	Sue Reeve		
Improve the sharing of information between	Convene a task group to take	Sue Reeve		

patient/staff/carer. Identify a mechanism to seek consent using appropriate clinical governance expertise	forward	Ruth Connolly		
Rolling programme for professional advice/education/training for carers	Convene a task group to take forward	Sue Reeve Ruth Connolly		
Improve night time support for those at risk, at home.	Feedback to Elderly Medically Ill (EMI) group to include in current work	Sue Reeve		
Ensure patients have access to mechanisms to raise concerns about hospital discharge.	Raise with PALS	Lesley Lopez Rachel Allen		
Improve medicines management	Find out what work is currently being undertaken	Lesley Lopez Rachel Allen		
Strategic Issues fed through PPI Forums			9 – 12 months	
Ensure needs of ethnic minority groups are considered				

Stage 6 – evaluate the approach and its achievements

Evaluation forms were received from 37 of the 53 attendees following the conference

These evaluation forms were from the following groups of people:-

- 16 from Health Professionals
- 5 from Patients
- 6 from Carers
- 3 from Social Care

7 from Voluntary Organisation Representatives

Rating the day overall
14 people rated the day as great value, 21 people rated the day as good value, 2 people rated the day as average.

Opportunity to voice views
21 people felt they had lots of opportunity to voice their views, 13 people felt they had good opportunity to voice their views and 3 people opportunity to voice their views was average.

What did you like best about the day?

Lots of comments were received about what people liked best about the day. These included reference to

Receiving information
Networking and interacting with a wide range of people
Working together towards a common cause
Opportunity to voice opinions and views and hear other peoples

What did you least like about the day?

Attendees were also asked about what they liked least about the day. Negative feedback related to the venue and refreshments and also not having enough time on the programme.

How might the event have been improved?

When asked how the event might have been improved the main suggestion related to having more time on the programme.

Do you want to get involved further?

A number of people were keen to get involved further and plans are being made to accommodate this so that work can be taken forward.

Appendix 1 – Steering Group Profiles

Sue Reeve	Sue Reeve, Chief Executive of Carers in Hertfordshire, a countywide carers organisation, providing information, advice and support and enabling carers to have a voice in the county.
Val Motyer	Team Manager, Hospital Social Work Team, Watford General.
Dorothy Skidmore	Development Manager, ACS now with a lead for supporting the implementation of Single Assessment across the Hospitals in Herts and on the borders. (Formerly, Team Manager for the Social Work Team at Watford General Hospital.)
Diana Chatterton	Team Manager (Elderly, and Physical Disability), Adult Care Services.
Rachel Allen	Business Manager (Corporate Affairs) at Watford and Three Rivers Primary Care Trust with the management lead for Carers and Patient and Public Involvement. This role involves ensuring that patient and carer issues are addressed in primary and community care and that they are supported and involved in service planning and development.
Angela Cannon	Project Officer-Carers for Adult Care Services. Oversee spend of the Carers Grant for Hertfordshire (Dept. of Health funding) and work with staff on practice issues relating to carers assessments and supporting carers from all adult care groups on a county wide basis.
Heather Aylward	Team Leader for West Team, Carers in Hertfordshire a county wide Carers led organisation, which ensures all carers have access to information, advice and support, involves carers in the planning of and consultation on services and is a platform for the voice of carers about issues which affect their lives.
Lesley Lopez	Patient and Public Involvement Manager at West Hertfordshire Hospitals Trust, which covers Watford General Hospital, Hemel Hempstead Hospital, St. Albans City Hospital and some of the services provided at Mount Vernon Hospital.
Ruth Connolly	Senior Services Manager, Older Peoples Services at West Hertfordshire Hospitals Trust.
Elise Charles	Member of the Patient and Public Involvment Forum. Former Deputy Chief Officer, S.W. Herts Community Health Council – set up by the Government in 1974 to represent the interests of patients and the public in the NHS. For many years, was also the Senior Complaints Adviser for patients, providing independent

	help, support and advice about NHS complaints. Accompanied and supported carers and complainants at Formal Hearings , resulting in many recommendations to improve the quality of local healthcare services.
Henry Goldberg	Member of the Patient and Public Involvement Forum. Former long standing member of the S.W. Herts Community Health Council. He has been a member of the Herts CHD Implementation Group, the Herts Children's Services Review Steering Group and the Herts Information for Health Programme Board. Henry is a member of the Watford & Three Rivers Health Partnership Board, is Vice Chair of Relate, Watford and Three Rivers and Joint Chair of Chorleywood & District Residents Association.

National Economics Foundation Profile

NEF is an independent think-tank that works to promote a more sustainable and socially just economy, including how to create vibrant and sustainable communities.

Appendix 2 – People Involved in the Questioning Process
The following groups of people were involved in the questioning process, which was conducted by the members of the Steering Group:-

Community Health Council
Carers
Home Care Agencies
Residential Homes (Homefinder)
Patients/Users
Community Rehab Team
Local Authority – Housing, Meals on Wheels
GPs
District Nurses
Therapists
Pharmacy
Transport
Modern Matrons
Social Workers
Health & Social Care Co-ordinators
Nursing Homes
Hospital at Home
Emergency Duty Team
Community Equipment
Voluntary Organisations
Bed Managers
Discharge Lounge staff
Cancer Network

Appendix 3 – Quotes from the conversations

Some of the quotes from the conversations are provided below:-

" My wife (who was my carer) and I had easy and direct access to speak with my consultant…this made my wife and I feel more in control of the situation and avoided unnecessary trauma." Patient

"A patient was discharged from hospital and was told to expect a visit from a District Nurse. I wasn't informed that the patient had been discharged and needed my care and therefore did not visit. The patient had to chase this up and was very angry that they had not received the care they expected." District Nurse

"My hospitalisation went well because I was totally consulted and felt safe. Prior to discharge…my family and I were able to ask questions and amend the (discharge) package where necessary." Patient

" From a professional point of view, the discharges that go wrong tend to be the ones where the person is still unwell or equipment is not in place. If I have to set up a care package too quickly this can be difficult." Adult Care Services

"To have made my discharge work would have required all of the network of care to be in place. When even one link is broken the effect is traumatic. In my case, most of the links were broken and very little care, either physically or mentally was provided. I believe that this lack of aftercare added, not only to my acute discomfort, but also delayed my recovery. My wife was so traumatised she became hospitalised herself." Patient

"No one came to see how we were going to cope once Mum returned home." Carer

"Current services have not been able to meet short term needs for cleaning, shopping and furniture removal. These may not seem critical to the patients care but goes a long way towards normalising their experience and to promote a return to independent living."

"I had been given extensive advice on rehabilitation after a heart attack…I therefore knew what I needed to do to get fully fit again." Patient

" I was given a leaflet with information on what procedures I had undergone with 'what to watch out for' information and special instructions…another leaflet of what to do if I had any problems or concerns…I had at my fingertips telephone numbers and who to contact if I had concerns…everything was clear and I had no doubt as to what to do." Patient

"Information from the hospital to GPs is inadequate. Sometimes I don't know when a patient has been discharged, or the letter that is sent is incomplete. It is sometimes not clear what is expected." GP

"A patient was discharged into our care without a letter providing medical information and without tablets or a medicines list. It is difficult to provide continuity of care without this important information." Residential Home Manager

" Communication with the carer was non existent. Nobody told the carer that the patient was being transferred to a nursing home even though they had plenty of opportunity to say as the carer was attending to the patient all day." Carer

"I would not necessarily have the same confidence…or the knowledge that the services communicate between each other well." Patient

"Make sure the patient knows what help is available even if they feel they don't need it when they are discharged. Make sure the patient has a contact name if they feel they need extra help or support." Voluntary organisation

"A good experience of hospital discharge was when the Discharge Co-ordinator phoned and gave information about the patient prior to them being discharged." District Nurse

"Everyone should be involved in things like case conferences, eg. health and social care professionals, carers, patients and their families." District Nurse

"For elective admissions, discharge options should be known before the patient is admitted and these should have been discussed jointly with health professionals and the family. For emergency admissions, where possible there should be a long term care plan, options should be discussed when the patient is not in pain or stressed and they should be involved at an early stage." GP

"Try to be creative, look beyond your current resources and what is done now. It doesn't have to be the same all the time." Patient

"To know that the people who I am dealing with are themselves able to deliver on their promises – just thinking they can is not acceptable…Only this way, could I be confident of making a significant change without taking one chance too many." Patient

"To make coming home from hospital work, it is essential to have all the necessary help in place prior to discharge. A promise to do this is simply not good enough – it must be a written statement of what is going to be in place, which is signed by both the patient and the professionals prior to leaving hospital." Patient

"I felt that for me it was a case of "you've have your operation – now get on with it". More help and support would have made my life much easier." Patient

"It is important that a full assessment of the home is completed before discharge to ensure that the patient can function OK once they return home." Community Physiotherapist

Hospital discharge can be "like a relay race – the Trust discharging her husband had tried to pass the baton to the GP, but dropped it…the GP then passed the baton back to the Trust who dropped it…by the time the baton was picked up…and some action was taken, the race was lost." Community Health Council

Appendix 4 – List of attendees at the Conference

Don	Alvarez	Carer
E	Ashley	Patient
Ruth	Atkin	Patient
P G	Batute	Carer
Ailsa	Bernard	West Herts Hospital Trust
Linda	Bonnick	Age Concern
Steve	Bromby	Watford General Hospital
Helen	Browne	Voluntary Organisation Representative
Janet	Bunce	Voluntary Organisation Representative
Ellie	Burtenshaw	Councillor
Fiona	Clark	PoWHER
Suzanne	Colbert	Watford General Hospital
Louise	Colman	Watford Gen Hospital
Felicity	Cox	Watford and Three Rivers PCT
Francis	Durham	Patient
Peter	Durrance	Beds & Herts Ambulance
Claire	Fenlon	
Frances	Flynn	Hemel Hempstead General Hospital
Jenny	Foulger	Watford BC Housing Dept
Michelle	Gallacher	Adult Care Services
Kusum	Gheewala	Sessional Interpreter
Seona	Gordon	Adult Care Services
Winston	Gosine	Voluntary Organisation Representative

Christine	Gregg	BHAP
Jacqueline	Hale	Voluntary Organisation Representative
Keeley	Hall	Age Concern
Brenda	Hall	Hospital at Home
Peter	Harper	BHAPS
Amanda	Horlor	Community Support Worker,
Jenny	Janes	Watford BC Housing Dept
Peter	Jenkins	Voluntary Organisation Representative
Robyn	Johnson	Watford General Hospital
Janet	Lewis	West Herts Rehab Service
Guna	Mahadevan	
Joan	Moult	Carer
Liz	Mowbray	
Shirley	N'Jie	West Herts Hospital Trust
Linda	North	
Nerisa	Petrie	Carer
Girda	Plummeridge	Saracen Ward
G	Poole	
Dee	Ramtej	Watford General Hospital
Ansuya	Raval	
Peter	Roach	SWH Community Health Council
Alfa	Saadu	West Herts Hospital Trust
Gill	Salen	Patient
Jo	Shipley	Carer

Joyce	Stratford	Carer
Marion	Sycamore	Community Wheelchairs
Adrian	Vyse	Watford General Hospital
Roger	Walker	Carer
Jessie	Winyard	Patient

Agenda Item No. 65/04

West Hertfordshire Hospitals NHS
NHS Trust

From: Louise Gaffney, Acting Director of Planning

To: Trust Board 1st July 2004

Subject: **Children's Services Discussion Phase, June 2004**

Action: For noting

Executive Summary

The attached report summarises the current position regarding the review of Children's Services in West Hertfordshire. The main points are as follows:

- The local health organisations in West Hertfordshire are involved in a discussion phase about the future configuration of children's services, in line with decisions made in Investing in Your Health, which runs until 7th July.

- Formal consultation will take place during September to December 2004 as a joint programme with East & North Hertfordshire Trust.

Board members are invited to note and comment on this report.

Agenda Item No 65/04:

West Hertfordshire Hospitals NHS
NHS Trust

CHILDREN'S SERVICES DISCUSSION PHASE MAY - JULY 2004

1.0 CONTEXT

From March to September 2003 Bedfordshire and Hertfordshire Strategic Health Authority consulted on proposed changes to the health care system in the area via 'Investing in Your Health'. That consultation and scrutiny process resulted in a preferred option and an agreed strategy for the future pattern and provision of healthcare services across the area. Within that process the overall model for children's hospital services was determined along with need for urgent action on that service.

These proposals are being discussed with young people, families, other organisations, key stakeholders and the wider public from May to 7 July 2004. A formal Consultation is planned during September to December. It is anticipated that service changes would be implemented in Spring 2005.

2.0 PROPOSALS

A detailed discussion document has been produced to:

- discuss the drivers for change
- describe the reasons why urgent action must be taken now
- provide detailed proposals on how the model of children's hospital services as outlined in Investing in Your Health could be implemented in West Hertfordshire
- support the summary leaflet that has been produced for the discussion phase by giving further detail for those who wish it
- provide greater information on the ideas and details behind the proposed service developments

2.1 Proposed Model of Care

The proposed model follows the way forward for children's hospital services described in Investing in Your Health and includes:

- Developing a Children's Emergency department at Hemel Hempstead Hospital that is open 12 hours a day, 365 days a year
- Within that department providing a short-stay acute assessment, observation and treatment area with beds
- Establishing a dedicated children's day unit for planned treatments, surgery and tests at Hemel Hempstead Hospital to provide a service for children across West Hertfordshire
- Increasing the children's community nursing service to respond to the changes in the hospital service
- Establishing same-day consultant paediatrician clinics for very urgent referrals
- Concentrating all the inpatient overnight children's beds and services onto the Watford hospital site
- Increasing the number of children's inpatient beds at Watford to cope
- Over 80% of children who currently attend Hemel Hempstead Hospital will continue to get all their treatment entirely at Hemel Hempstead Hospital
- These proposals will require the small number of children who attend A&E at night and need the care of a paediatric doctor and children with complex needs that require admission overnight to travel to a hospital with an inpatient children's ward. This would usually be to Watford Hospital, unless an alternative is closer to where the patient lives.

2.2 The Need for Change

- Children's needs have changed
- How children use the services have changed
- Staffing the current service has become exceedingly difficult
- The staffing pressures will become more acute from August this year
- We must protect the quality and safety of the service

2.3 Benefits of the Proposed Changes.

- All children will be seen by specialist children's doctors and nurses
- All children will be seen in an appropriate child-friendly environment
- A service that better reflects what children need from hospital and how they use it
- A sustainable and high quality clinical service, which can be staffed
- Waiting times and delays can be reduced
- Fewer children and families will face the disruption of an admission to hospital for their care

3.0 Public Discussion Phase

Discussions with the public started during May and continue until 7th July. Hertfordshire Partnership Trust (HPT), the Primary Care Trusts, Ambulance Service and West Hertfordshire Hospitals Trust have been involved in raising awareness and disseminating information, including:

- making presentations to the Public, Patient Involvement forums
- local patient panels
- meeting with regular ward users at Hemel and Watford
- putting up displays on the two children's wards, Watford Children's Emergency Department and Hemel A&E so parents and children can see what is being proposed
- sending out a summary booklet that outlines the proposals and seeks parents views
- providing live feedback to questions on intra-net sites and creating an external web page that public can access and send comments back on.

There has been an emphasis to involve staff in the discussion phase and obtain views and input into the process at these early stages, with staff briefings and cascading of information – asking for feedback and suggestions about future service provision and design.

Once this phase is completed there will be a collated response from all the organisations and report submitted to respective boards for noting.

4.0 Broad Themes and Detailed Issues for Discussion

There are several key issues that need to be progressed, a number of them with local people during the discussion and consultation phases. These issues are outlined below:

1. <u>Issues for Discussion</u>
   - Do people support the development of a dedicated Children's Emergency Department at Hemel Hempstead Hospital? Or should children continue to be seen in the main A&E Department at Hemel Hempstead Hospital?
   - Do people support the development of short-stay acute assessment beds within the Children's Emergency Department at Hemel Hempstead Hospital?
   - People's preferences for the 12-hour opening time of the CED and short-stay acute assessment area.
   - The best and safest arrangements for children in and around Hemel who need emergency assessment or treatment when the Children's Emergency Department is not open? This matter will be discussed with regular users of the service and with key stakeholders including the Police and Children, Schools and Families service.
   - The proposals to establish a same day urgent consultant clinic and the investment in the community nursing team.

2. <u>Transport</u>
   - 93% of children who attend hospital are brought in by either by private transport or ambulance
   - There are a range of things that have been discussed to help ensure that parents and families can get between home and hospital or between sites as needed. The needs of people and the

ideas already generated will be discussed with families who regularly need to use the service and with any public interested as part of the discussion phase.

- Access for families without transport will be a key issue for discussion during May and June.

3. Design of services and environments
   These proposals include the development of at least 4 new environments. This is an ideal point for the public to give suggestions and get involved in the design of the Children's Emergency Department at Hemel Hempstead, the short stay assessment beds, the Day Unit at Hemel and the inpatient ward at Watford. Users who are interested will be given the opportunity to put forward their ideas and get involved.

4. Other issues people want to raise
   Whilst we are raising a series of specific issues we also wish to listen to other issues people want to raise and to hear their views, ideas on how the changes may impact on them. There may also be more general views about the current children's services that we are happy to listen to.

5.0 Consultation & Decision Making Process

It has been agreed by the Strategic Health Authority that public consultation on Children's Hospital Services in West Hertfordshire and East and North Hertfordshire will be run as a joint project, with a dedicated project manager. The full formal public consultation will take place from mid September to mid December. Boards will be asked to agree the response paper, followed by a meeting to make the decision by mid February. Following this, there will need to be a period for the Council to formally scrutinise the process that has been conducted. It is anticipated that any changes in service can be implemented from late spring 2005.

Agenda Item No: 66/04

West Hertfordshire Hospitals NHS
NHS Trust

Report From:	Director of Nursing, Midwifery, Quality & Risk
To:	Trust Board ~ 1st July 2004
Subject:	Risk Management
Action:	To Note Contents

Risk Management Progress Report

1. The Trust Board discussed the progress of Risk Management arrangements at its meeting on the 4th March 2004. This report provides the Board with a further up-date on progress.

2. Minutes of the Risk Management Committee held on 1 April 2004 are attached at ***Annex 1***.

3. The Trust Risk Management Action Plan has been reviewed and updated and is attached in ***Annex 2***. Work in progress is currently on target.

4. The Trust continues to implement the Datix site wide licence. To date over 2,500 incidents (mainly clinical) have been inputted and there are 109 risks on the Risk Register. These figures are likely to increase significantly as the Identification of all types of incidents from the new Single Incident Reporting Form are added to the system. Strategic Risks identified in the Trust's Assurance Framework and Estates Risks are to be added in due course. A process to ensure validity of entries on to the Risk Register has now been agreed and implemented by the Trust.

5. The Single Incident Reporting Form has now been distributed Trust wide and is currently being implemented in all Divisions. Road shows were held on each of the Trust's four sites during May 2004 to further promote this form.

6. An action plan has been produced in response to the RPST assessment attaining Level 1 in February **(Annex 3).** This will ensure 100% compliance before working towards Level 2. It has been reported there will be no Level 2 assessments for level 1 Trusts during 2005, whilst the NHS Litigation Authority revise the standards. The Trust will have an opportunity therefore to be assessed against Level 2 during 2006.

7. An Action plan is being produced following the recent CNST Level 1 assessment in February 2004 in order to take the Trust forward to achieve Level 2 in 2006.

8. The Trust has now been audited against the Controls Assurance three core standards, with the following scores being agreed:

Risk	-	94%
Governance	-	99%
Finance	-	99%

These scores are well above the 75% required as part of the Trust's returns for Controls Assurance.

The Trust submitted its Statement of Internal Control for 2003/4 to the Strategic Health Authority on 14th May 2004. This will now be published in this year's Annual Report and Accounts.

9. The Director of HR recently represented the Trust at an interview under caution with the Health & Safety Executive (HSE). David Firth of Capsticks also attended. The purpose of the interview was to answer questions from the HSE in relation to the inspection undertaken in November 2002 and provide information prior to a decision being made by the HSE on whether to take any further action. The one remaining HSE improvement notice, which relates to the year long programme of manual handling training has been further extended to 31st August 2004.

10. The Trust's Risk Manager has been appointed as the Trust's Safety Alert Broadcasting System (SABS) Liaison Officer. She will be responsible for developing and implementing a process to ensure key safety alerts issued by the Department of Health are appropriately cascaded to relevant individuals in the organisation and that appropriate action taken is fed back and then reported back to the Department of Health by the SABS Officer.

11. A risk assessment facilitated by Britannia was piloted within the Acute Medical Care Division during week commencing 5th April 2004. Subject to post pilot changes to the proforma used, assessments will be rolled out across all Divisions within the very near future.

12. All Risk Leads have been booked on to Root Cause Analysis training workshops to be hosted by the National Patient Safety Agency (NPSA) during the course of the year.

13. The Trust's draft Complaints Policy and Procedure was ratified at the Trust Risk Committee on 1st April 2004, and is available on request.

14. The next Risk Management Committee is scheduled to meet on 29th July 2004 and will report to the Board in December 2004.

The Trust Board is asked to note the above.

Gary Etheridge
Director of Nursing, Midwifery, Quality & Risk

9th June 2004

Annex 1

West Hertfordshire Hospitals NHS
NHS Trust

MINUTES

RISK MANAGEMENT COMMITTEE

THURSDAY, 1st April 2004

Present:	Robin Douglas	Non-Executive Director (Chair)
	Howard Borkett-Jones	Medical Director
	Vince Doherty	Acting Director of Finance
	Gary Etheridge	Director of Nursing, Midwifery, Quality and Risk
	David Law	Director of Strategic Planning
	Nicola Moore	Trust Risk Manager
	Jane Wright	Non-Executive Director
In attendance:	Jacqui Mallard	Divisional Risk Lead, Women's and Neonatal Services
	Jacki Oughton-Hughes	Modern Matron, SCBU
	Lynne Shepherd	Practice Development Nurse, SCBU

		ACTION
1.	**Apologies** Rob Allan, Director of Human Resources, Nigel Coomber, Director of Operations, Celia Richards, Clinical Governance Manager	
2.	**Minutes of Previous Meeting** Minutes from the meeting held on 22nd January 2004 were agreed as correct.	
3.	**Matters Arising**	
	♦ **Consent to Treatment Policy** It was confirmed that the appendix covering Post Mortem, Organ and Tissue retention had been removed from the Consent to Treatment Policy in order to achieve CNST compliance. It was agreed that Nicola Moore and Howard Borkett-Jones should take forward the development of a separate policy to reflect current Department of Health Guidance, with Nicola agreeing to present the policy at the next Risk Committee.	**HBJ/NM**
	♦ **ROCA** It was confirmed that the new controls assurance reporting tool (ROCA) from the DoH was now operational and being utilised by the Controls Assurance leads.	

♦ **Divisional Risk Leads**

It was reported that no further progress had been made on establishing whether or not there should be dedicated risk leads in place throughout all Divisions. Nicola Moore expressed the view that provision of dedicated Divisional Risk Leads across the Trust was key to the organisation meeting its long-term objectives and achieving compliance against the standards set by Controls Assurance, CNST and RPST. This was supported by Gary Etheridge. It was agreed that Nigel Coomber would explore this further with Divisional Managers who did not have a designated Divisional Risk Lead. **NC**

4. **Brief Overview of the Progression of the Risk Agenda**

♦ **Datix**

Nicola Moore reported that the site-wide licence had now been received and the system was currently being implemented across the Trust. There were currently over 2,300 incidents populating the database, with all Divisions having access to the system. A training session to cover advanced reporting had taken place with the Divisional Risk Leads on 24th March 2004. It was noted that a further training session would be required to cover the Version 7 Upgrade to the Datix software.

It was reported that entries on to the Risk Register were growing. Concerns were raised over risks, which were being deleted, and the importance of having a clear audit trail of this process was highlighted. It was requested that an overview of the range of risks on the risk register should be readily accessible to the Executive Team. It was agreed that Nicola Moore would facilitate system training with both Executive and Non-Executive Directors. **NM**

Nicola Moore tabled a graph illustrating the breakdown of incidents currently on the system. It was agreed that this should be an agenda item for the next Divisional Risk Leads Meeting.

It was confirmed that identified risks could be linked to the Trust's strategic objectives on the Datix system.

The Committee agreed that there should be a process of regular reporting by Sub-Risk Committee Chairs at the Risk Committee. It was agreed that this would take the form of written reports, with the first of these being produced for discussion at the next meeting. It was agreed that Nicola Moore would facilitate this process **NM**

♦ **Single Incident Reporting Form**

Nicola Moore updated the Committee on the status of the new Incident Reporting Form. It was confirmed that this would be formally launched Trust-wide within the next few weeks. It was noted that the new form was already being promoted within mandatory risk management training sessions. In addition, posters were being produced and roadshows scheduled across all 4 sites to publicise the launch.

♦ **Quality & Risk Folder**

It was confirmed that the Quality & Risk Folders had arrived in the Trust and would be circulated in May 2004. **NM**

5. **Statutory Responsibilities**

♦ **Controls Assurance**

It was confirmed that Belinda Thompson would be auditing standards during April/May 2004. All Controls Assurance Leads had been advised that action plans should be completed by 30th April 2004.

Concern was raised in relation to Standard 3, Decontamination of re-useable medical devices, where scores had still not been received. Nicola Moore was requested to progress with Rachel Fysh who was confirmed as the new Controls Assurance Lead for this standard. **NM**

It was reported that the Controls Assurance Framework document had been endorsed by the Executive Board on 1st April 2004 and would be submitted subject to review by Belinda Thompson.

Nicola Moore highlighted the effectiveness of the Controls Assurance Forum, highlighting the positive support mechanisms this had established for all Controls Assurance Leads. An updated Risk Management Organisational Structure, including the new CA Forum, was requested by the Chair. Gary Etheridge to review and circulate with the minutes. **GE**

The Committee discussed requirements for incorporating risk management into all job descriptions. Nicola Moore and Rob Allan to progress. **RA/NM**

♦ **CNST & RPST Update**

Nicola Moore provided an overview of the recent CNST Level 1 pass giving a detailed breakdown of scores and areas of high achievement. It was noted that the scoring for medical records standard had improved considerably. Additionally, the work provided by Ian Brookes in formulating the new Medical Devices Policy was recognised by the Committee. A full copy of the CNST Assessment report together with an updated action plan would be distributed with the minutes.

The achievement of RPST Level 1 was briefly reviewed, with it being confirmed that there were approximately 200 Trusts across the country that had still not achieved RPST Level 1. It was agreed that Terms of Reference and membership of the Risk Management Committee should be reviewed in line with RPST guidance and presented at the next Risk Committee. **GE/NM**

The Committee was advised that Willis were in the process of reviewing all RPST standards. As a result assessment at level 2 would not take place until 2006.

The Committee expressed its gratitude to Nicola and all involved in achieving compliance against these two key assessments.

6. **Policies and Procedures**

♦ **Draft Complaints Policy and Procedure**

Gary Etheridge tabled the Draft Complaints Policy and Procedure. Minor amendments to the policy produced for CNST Level 1 had been made by Lynn Hill to reflect local information. Comments to Lynn Hill were requested by 19th April 2004. The Policy was ratified subject to final comment. **ALL**

- **Procedure for the investigation and Root Cause Analysis of Incidents, Complaints and Claims**

  It was confirmed that this Policy had been produced for the RPST assessment and was RPST compliant. It was confirmed that the paper would be circulated to all Divisional Risk Leads for any further comments before seeking ratification at the next meeting.

  GE/NM

- **Validation of Entries on Risk Register**

  Nicola Moore reported that the procedure for validating entries onto the risk register had been agreed with the Divisional Risk Leads. This would now be appended to the Risk Management Strategy and Guidance on the Risk Scoring Matrix. It was agreed that the amended Risk Management Strategy would be presented for final ratification at the next meeting. **NM**

7. Risk Assessment Update

Nicola Moore reported on the progress with the Trust Wide Risk Review currently being progressed by National Britannia. It was confirmed that the assessment was currently being piloted within the Acute Medical Care Division w/c 5th April 2004. The templates would be reviewed before implementing a Trust-wide review. It was noted that there would be analysis of data at Ward, Divisional and Corporate levels. **NM**

8. Women's and Neonatal Services ~ Risk Update

Jacqui Mallard and Jackie Oughton-Hughes gave a presentation on progression of risk management within their Division and tabled two reports summarising key issues and recent developments. The new 'hats on' policy in response to a growing trend of babies being admitted to SCBU with hypothermia was a particular focus of the presentation.

9. Items for Noting

- **Divisional Risk Leads Minutes ~ 24th February 2004**
  The appropriateness of Divisional Risk Leads attending the various Risk Sub-committees in order to raise pertinent issues was discussed. The Committee agreed that they should be actively involved in all relevant sub-committees. Gary Etheridge to progress for discussion at the next meeting. **GE**
- **Controls Assurance Forum Minutes ~ 19 January 2004 and 27 February 2004**
- **Trust Risk Action Plan ~ March 2004**

10. Any other business

The appointment of Lisa Savage as Risk Co-ordinator was confirmed.

Date and Time of Next Meeting

29th July, 14.00-16.30 hrs, Gurney Lecture Theatre, Postgraduate Centre, HHGH

Annex 2

WEST HERTFORDSHIRE HOSPITALS NHS ~ TRUST RISK MANAGEMENT ACTION PLAN

(INCORPORATING RELEVANT HEALTHCARE COMMISSION, RPST, CNST and HSE TARGETS)

	ACTION REQUIRED	LEAD DIRECTOR	PERSON (S) RESPONSIBLE (* Lead)	START DATE	TIMESCALE	DATE ACHIEVED	REVIEW DATE
1.	**FRAMEWORKS**						
1.1	**RPST LEVEL 1 (Risk Pooling Scheme for Trusts)**						
	Prepare for RPST Level 1 Assessment	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Oct '02	February '03	Feb '03	N/A
	Re-Prepare for RPST Level 1 Assessment	Director of Nursing, Midwifery, Quality & Risk	*N Moore	June '03	Dec '03	Dec '03	N/A
	Undertake RPST Level 1 Assessment	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Feb '04	February '04	Feb '04	N/A
	Prepare for RPST Level 2 Assessment	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Feb '04	Feb '05 Interim visit		
1.2	**CONTROLS ASSURANCE**						
	Submit Controls Assurance returns for 01/02	Director of Finance	*N Moore	March '02	31 July '02	July '02	N/A
	Statement of Internal Control to be signed by Chief Executive to be included in Trust Annual Report 01/02	Director of Finance	*N Moore	June '02	31 July '02	July '02	N/A
	Submit Controls Assurance returns for 02/03	Director of Finance	*N Moore	March '03	15 May '03	15 May '03	N/A
	Obtain verification from Internal Audit that the Trust is complying on 3 core standards (Risk Management, Financial Management and Governance)	Director of Finance	*N Moore	March '03	15 May '03	15 May '03	N/A
	Statement of Internal Control to be signed by Chief Executive ~ 02/03	Director of Finance	*A Bettridge	March '03	15 May '03	15 May '03	N/A

	ACTION REQUIRED	LEAD DIRECTOR	PERSON (S) RESPONSIBLE (* Lead)	START DATE	TIMESCALE	DATE ACHIEVED	REVIEW DATE
	Submit Controls Assurance returns for 03/04	Director of Finance	*N Moore	April '03	15 May '04	May '04	N/A
	Establish a CA Forum for CA Standard Leads	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '04	Jan '04	Jan '04	N/A
	Develop a schedule for progressing CA framework & CA action plans ~ 2004/05	Director of Nursing, Midwifery, Quality & Risk & Director of Finance	*N Moore	May '04	July '04		
1.3	**CNST**						
	Achieve CNST Level 1	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '01	February '02	Feb '02	N/A
	Review progress against CNST Level 1	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '03	February '03	May '03	N/A
	Prepare for re-assessment CNST Level 1 ~ Acute	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Feb '03	February '04	Feb '04	N/A
	Prepare for CNST Level 1 Maternity Standard	Director of Nursing, Midwifery, Quality & Risk	*N Moore B Harlev-Lam	April '03	Dec '03	Dec '03	N/A
	Prepare Maternity evidence and action plan for submission to Willis prior to inspection	Director of Nursing, Midwifery, Quality & Risk	*N Moore B Harlev-Lam	May '03	August '03	Aug '03	N/A
	Re-prepare for CNST Level 1 Maternity Standard	Director of Nursing, Midwifery, Quality & Risk	*N Moore J Mallard	Jan '04	Nov '04		
	Prepare for CNST Level 2 ~ Acute	Director of Nursing, Midwifery, Quality & Risk	*N Moore	March '04	Feb '05		
1.4	**HEALTHCARE COMMISSION (CHAI)**						
	Review progress against CHAI Action Plan targets. Thereafter, review progress 6 monthly	*Medical Director	*C Richards	May '03	Sept '03	Sept '03	Mar '04 Sept '04 March '05
	Benchmark against CHI framework for risk management	Director of Nursing, Midwifery, Quality & Risk	*N Moore	May '04	June '04		

	ACTION REQUIRED	LEAD DIRECTOR	PERSON (S) RESPONSIBLE (* Lead)	START DATE	TIMESCALE	DATE ACHIEVED	REVIEW DATE
1.5	**HEALTH & SAFETY**						
	Develop local HSE Action plan following HSE visit & Review quarterly	Director of HR	*Rob Allan	May '03	May '03	May '03	Quarterly
1.6	**NPSA**						
	Achieve NPSA compliance	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '01	Winter 2001	2001	N/A
	Benchmark against NPSA s 'Seven Steps to Patient Safety	Director of Nursing, Midwifery, Quality & Risk	*N Moore	May '04	June '04		
2.	**STRUCTURES**						
2.1	**RISK LEADS**						
	Identify Clinical Risk Leads for all Divisions	Director of Nursing, Midwifery, Quality & Risk	*N Moore	June '01	June '01	Nov '01	N/A
	Following the convergence of Risk & Non-Clinical ~ identify Risk Leads for all Divisions	Director of Nursing, Midwifery, Quality & Risk	*N Moore	March '03	April '03	April '03	N/A
	Establish a training programme for Divisional Risk Leads	Director of Nursing, Midwifery, Quality & Risk	*G Etheridge	Feb '04	4 training sessions arranged during '04	January '04	Jan '05
	Establish quarterly Divisional Risk Lead Meetings	Director of Nursing, Midwifery, Quality & Risk	*G Etheridge	Feb '04	Quarterly meetings arranged	Jan '04	N/A
2.2	**REPORTING STRUCTURE**						
	Establish a new Trust Risk Management Group	Chief Executive	*Non-Executive	Jan '03	Feb '03	Feb '03	N/A
	Establish Risk sub-groups reporting to Trust Risk Management Group	Director of Nursing, Midwifery, Quality & Risk	*G Etheridge	Jan '03	February '03	May '03	N/A
	Converge Clinical & Non-Clinical Risk-Risk Dept	Director of Nursing, Midwifery, Quality & Risk	*G Etheridge	Feb '03	March '03	March '03	N/A

	ACTION REQUIRED	LEAD DIRECTOR	PERSON (S) RESPONSIBLE (* Lead)	START DATE	TIMESCALE	DATE ACHIEVED	REVIEW DATE
	Review Risk Management Group's Terms of Reference to include monitoring role of key practice indicators	Director of Nursing, Midwifery, Quality & Risk	*G Etheridge	June '03	July '03	July '03	July '04
	Review Risk Sub-committee's Terms of Reference to include identification of key practice indicators capable of showing improvement in the management of risk	Director of Nursing, Midwifery, Quality & Risk	*G Etheridge	June '03	July '03	July '03	July '04
3.	**COMMUNICATION**						
	Establish Risk Intranet web-page to combine clinical/non clinical/organizational risk	Director of Nursing, Midwifery, Quality & Risk	*N Moore	June '03	Ongoing	Ongoing	N/A
	Produce 12-Point Plan for Patient Information (guidance for clinicians wishing to produce patient information). Such patient information being a standard for CNST	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '03	July '03	July '03	July '04
	Formal ratification of 12 point plan	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '03	August '03	July '03	July '04
	Launch Patient information database on Intranet to provide a comprehensive catalogue of all patient information available within the Trust (CNST 2 requirement)	Director of Nursing, Midwifery, Quality & Risk	*Pt Info Group	Jan '03	August '04		
4.	**POLICIES & PROCEDURES**						
4.1	**RISK MANAGEMENT STRATEGY**						
	Develop Risk Management Strategy	Director of Nursing, Midwifery, Quality & Risk	*N Moore	March '01	March '01	March '02	N/A
	1st Review Risk Management Strategy (combined clinical/non-clinical)	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '03	Feb '03	Feb '03	N/A
	2nd Review of Risk Management Strategy in line with CA, RPST and CNST	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Feb '03	July '03	July '03	Refer to 3rd review

	ACTION REQUIRED	LEAD DIRECTOR	PERSON (S) RESPONSIBLE (* Lead)	START DATE	TIMESCALE	DATE ACHIEVED	REVIEW DATE
	3rd Review of Risk Management Strategy in line with CA, RPST and CNST	Director of Nursing, Midwifery, Quality & Risk	*N Moore	July '03	Nov '03	Nov '04	Nov '05
	Develop a Risk Management Strategy for Maternity Services	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Winter '03	Winter '03	Winter '03	Nov '05
	Develop Divisional Risk Management Strategies	Director of Nursing, Midwifery, Quality & Risk	*Risk Leads N Moore	April '04	June '04		
4.2	**INCIDENT REPORTING POLICY**						
	Develop Incident Reporting Policy	Director of Nursing, Midwifery, Quality & Risk	*N Moore	March '01	May '01	May '01	N/A
	2nd Review Incident Reporting Policy in line with CA, RPST and CNST and cross reference with Raising Concern Policy & Risk Strategy and RIDDOR	Director of Nursing, Midwifery, Quality & Risk	*N Moore	May '03	Nov '03	Nov '03	Nov '05
	Audit Incident Reporting Policy	Director of Nursing, Midwifery, Quality & Risk	*N Moore	May '04	Dec '04		
4.3	**HEALTH & SAFETY POLICIES**						
	Review all Trust Health & Safety Policies	Director of H.R	*R Allan	Feb '03	Ongoing		
4.4	**CONSENT TO TREATMENT POLICY**						
	Devise and implement Consent to Treatment policy	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '01	Sept '01	Sept '01	N/A
	Implement Consent to Treatment Workshops	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Sept '03	Dec '01	Dec '01	N/A
	1st Review Consent to Treatment Policy in light of DoH model	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Nov '02	Dec '02	Dec '02	Dec '04
	2nd Review Consent to Treatment Policy in light of CNST recommendations	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Dec '02	Jan '04	Feb '04	Feb '06
	3rd Review Consent to Treatment Policy	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Dec '05	Feb '06		
	Audit Consent to Treatment Policy	Director of Nursing, Midwifery, Quality & Risk	*Tracey Moran N Moore	May '04	Aug '04		
	Re-launch Consent to Treatment Workshops on to a rolling programme	Director of Nursing, Midwifery, Quality & Risk	*N Moore	July '03	Ongoing	Ongoing	N/A

	ACTION REQUIRED	LEAD DIRECTOR	PERSON (S) RESPONSIBLE (* Lead)	START DATE	TIMESCALE	DATE ACHIEVED	REVIEW DATE
4.5	**DATIX POLICY**						
	Develop a Datix Security Policy	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Dec '03	Jan '04	Jan '04	Jan '06
4.6	**TRUST QUALITY & RISK FOLDER**						
	Produce and circulate Trust Quality & Risk Folder	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '04	Implement Trust-wide by June '04		
5.	**TRAINING**						
5.1	**RISK TRAINING**						
	Implement Basic Risk Awareness training workshops	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Dec '02	Ongoing	Feb '03	Ongoing
	Establish risk awareness as part of Trust's Induction training programme to include junior doctors	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Feb '04	Ongoing		
	Provide Risk Matrix training	Director of Nursing, Midwifery, Quality & Risk	*N Moore	August '02	Ongoing		
	Review Risk Matrix training and re-launch workshops	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan'03	Ongoing		
	Implement Datix Risk Management training prior to system going live	Director of Nursing, Midwifery, Quality & Risk	*N Moore	March '03	June '03	June '03	Ongoing
	Implement Root Cause Analysis (RCA) training	Director of Nursing, Midwifery, Quality & Risk	*N Moore	June '03	Nov '03	Nov '03	Ongoing
	Identify a robust Risk training programme for all staff & Mandatory Induction Training Programme	Director of Nursing, Midwifery, Quality & Risk	*S Whiterod J Barrett N Moore	Sept '03	Nov '03	Nov '03	Nov '05

	ACTION REQUIRED	LEAD DIRECTOR	PERSON (S) RESPONSIBLE (* Lead)	START DATE	TIMESCALE	DATE ACHIEVED	REVIEW DATE
6.	**MEASURING/MONITORING**						
6.1	**RISK DATA REPORTING & COLLECTION**						
	Establish individual Divisional Clinical Risk databases	Director of Nursing, Midwifery, Quality & Risk	*N Moore	June 2000	July '01	July '03	N/A
	Establish single Risk Management database (Datix)	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Dec '02	Sept '03	Oct '03	Ongoing
	Devise/implement and launch a single form for Incident/Accident reporting, relating to staff and patients in line with RPST requirements and to include capture of incidents of violence and aggression	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Winter '03	Spring '04	Launched April '04	N/A
6.2	**TRUST RISK MATRIX AND REGISTER**						
	Develop and apply Trust Risk Matrix to: - Business Planning process - ERNS reporting - Backlog maintenance schedules - Medical equipment - Ward departmental risk assessments	 Director of Strategic Planning Director of Strategic Planning Director of Strategic Planning Medical Director Director of Nursing, Midwifery, Quality & Risk	 *Exec Team *N Moore *N Moore *G Savage *N Moore & Joyce Wong	 Feb '02 April '02 April '02 April '02 April '02	 March '03 February '03 February '03 February '03 February '03	All Achieved	Ongoing
	Update Risk Scoring Matrix document in line with revised organisational structure and Incident Reporting Policy	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '03	October '03	July '03	Oct '04
	Establish Trust Risk Register capable of recording clinical, financial and organizational risks and initial risk rating and risk treatment plans	Director of Nursing, Midwifery, Quality & Risk	*N Moore	June '03	Nov '03	Nov '03	Ongoing
	Amalgamate various risk registers in to Trust Risk Register	Director of Nursing, Midwifery, Quality & Risk	*N Moore	June '03	April '04	April '04	N/A

	ACTION REQUIRED	LEAD DIRECTOR	PERSON (S) RESPONSIBLE (* Lead)	START DATE	TIMESCALE	DATE ACHIEVED	REVIEW DATE
	Audit monitoring and effectiveness of Risk Register	Director of Nursing, Midwifery, Quality & Risk	*N Moore	April '04	July '04		
	Develop a process for controlling, validating & monitoring entries onto Risk Register	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Oct '03	Jan '04	Feb '04	Feb '05
6.3	**ROOT CAUSE ANALYSIS**						
	Develop and implement Root Cause Analysis template	Director of Nursing, Midwifery, Quality & Risk	*N Moore	June '01	Dec '01	Dec '01	N/A
	Expand Root Cause Analysis template to include all aspects of risk (clinical, non-clinical and organizational)	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '02	May '03	May '03	May '04
	Develop local guidance on conducting a RCA to be appended to Root Cause Analysis tool (to include Complaint and Claims requirements)	Director of Nursing, Midwifery, Quality & Risk	*N Moore Lynn Hill	June '03	Nov '03	Nov '03	Nov '05
6.4	**REPORTS**						
	Produce monthly Clinical Governance data reports	Medical Director	*C Richards	Oct '02	Monthly	Ongoing	N/A
	Produce Trust Clinical Governance Annual Report ~ '01/02	Medical Director	*C Richards	Dec '02	January '03	Jan '03	N/A
	Produce Trust Clinical Governance Annual Report ~ '02/03	Medical Director	*C Richards	Jan '03	June '03	June '03	N/A
	Produce annual Divisional Risk Reports	Director of Operations Director of Nursing, Midwifery, Quality & Risk	*Divisional Risk Leads N Moore	Jan '04	June '04		
	Produce annual Risk Report	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '04	June '04		
	Produce Trust Clinical Governance Annual Report	Director of Nursing, Midwifery, Quality & Risk	*C Richards N Moore	Sept '03	June '04		

	ACTION REQUIRED	LEAD DIRECTOR	PERSON (S) RESPONSIBLE (* Lead)	START DATE	TIMESCALE	DATE ACHIEVED	REVIEW DATE
6.5	**TRUST TRIGGER LIST**						
	Produce Trust trigger list for risk for the generic identification and cataloguing of all incidents within the Trust (NPSA and CNST 2 requirements)	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '01	Dec '01	Achieved Dec '01	N/A
	Review Trust trigger list and launch Trust wide in line with NPSA coding	Director of Nursing, Midwifery, Quality & Risk	*N Moore	Jan '03	August '03	Achieved June '03	June '04

Original Action Plan devised December '02
Reviewed & Updated ~ Jan, Feb, March, April, May, June, August & November '03
Revised & Updated ~ January, March & May 2004

Gary Etheridge
Director of Nursing, Midwifery, Quality & Risk

Nicola Moore
Trust Risk Manager

Annex 3

Local Action Plan for Achievement of RPST Risk Management Standards ~ Level 1

Crit	Criterion Description	Lead Officer	Risk Assessment of Continued Non Compliance Impact (I)	Likelihood (L)	Risk Rating (I x L)	Action Required	Target Date	Actual Date	Review Date
2	**The Risk Mgt Strategy**	GE/NM/ Risk Leads	**5**	**5**	**25**	*Risk Management Policy and Strategy must be embedded throughout the organisation.*	Dec '04		
3	**The Risk Management Organisational Structure**								
3.3.1	Terms of reference indicate that the relevant Executive Directors described under criterion 1.2 are members of the committee(s)	GE/NM	1	1	1	*Terms of reference of the Risk Management Committee to be amended. Membership should be clearly defined by listing the titles of each of the members.*	July ' 04		
4.	**The Reporting and Management of Incidents**								
4.8.5	The guidance clearly details when external agencies need to be involved in the investigation process.	GE/LH/ NM	4	2	8	*Incident Reporting Policy and Procedure for the investigation and Root Cause Analysis of Incidents, Complaints and Claims to be revised detailing when external agencies need to be involved in the investigation process and who is responsible for contacting and involving external agencies.*	July '04		
4.9.2	The Serious Untoward incident reporting procedure is explicit about responsibility for informing staff or the public.	GE/NM/ NC	4	2	8	*Serious Untoward Incident Policy and Media Relations Policy to be revised to incorporate expansion on who would be responsible for informing staff and the public about any incidents that they may have been affected by.*	July '04		
4.9.3	The Serious Untoward incident reporting procedure requires any information given to staff or the public to be documented.	GE/NM NC/SF	4	3	12	*Serious Untoward Incident Policy to be revised.*	July '04	April '04 Awaiting ratification by exec team	
4.9.4	The incident reporting procedure is explicit that those directly affected by the event must be notified before the media.	GE/NM/ NC	4	3	12	*Serious Untoward Incident Policy to be revised.*	July '04	April '04 Awaiting ratification by exec team	

Crit	Criterion Description	Lead Officer	Risk Assessment of Continued Non Compliance Impact (I)	Likelihood (L)	Risk Rating (I x L)	Action Required	Target Date	Actual Date	Review Date
5.	**The Reporting and Management of Complaints and Claims**								
5.1.3	A minute evidences that the complaints procedure has been considered and approved by the Board	GE(LH)	4	5	20	*Complaints Procedure complete with review date to be revised and ratified by the Trust Board.*	July 04		
5.8.3	The guidance clearly details when external agencies need to be involved in the investigation process.	GE/LH/ NM	4	2	8	*See 4.8.5*	July '04		
5.9.2	The organisation is able to demonstrate that managers/ clinicians have been made aware that the conduct and control of all claims is the responsibility of the Claims Manager.	GE/LH	2	2	4	*Distribute global staff email informing Managers and Clinicians of the role and responsibilities of the Claims Manager in relation to claims.*	May '04		
5.10.2	A Board minute evidences that the claims procedure(s) has been Board approved	GE	4	5	20	*Claims Policy to be approved and noted by the Trust Board.*	Sept '04		
5.12.3	The guidance clearly details when external agencies need to be involved in the investigation process	GE/LH/ NM	4	2	8	*See 4.8.5*			
6.	**The Risk Mgt Process**								
6.1.1	The organisation has clearly defined and documented the systems, procedures and staff responsible for the identification of hazards.	GE/NM	4	4	16	*Revise paper on Risk Register and Risk Matrix to ensure expansion of the risk identification systems used to populate the risk register, and staff responsible for them are identified and provided with full training.*	May '04		
6.1.10	Strategic risks and underlying hazards are systematically identified, assessed and analysed, and included on the Trusts risk register.	GE/NM	4	2	8	*Ensure that risks identified as part of the Assurance Framework are placed on the risk register.*	May '04		
6.1.11	There is evidence of the Board regularly reviewing the risk on the organisation-wide risk register.	GE(NM)	4	2	8	*Ensure Board Minutes demonstrate that the Board has received and reviewed risks from the risk register.*	Sept '04		

Crit	Criterion Description	Lead Officer	Risk Assessment of Continued Non Compliance Impact (I)	Likelihood (L)	Risk Rating (I x L)	Action Required	Target Date	Actual Date	Review Date
6.2.1	On the basis of risk evaluation, the organisation has produced risk treatment plans for all strategic risks.	GE/NM	4	3	8	*Ensure that strategic risks on the risk register have been adequately risk scored and have accompanying action plans.*	May '04		
6.3.3	There is evidence of the Board taking decisions on risk treatment options	GE(NM)	2	2	4	*Ensure that where risks are reviewed by the Board, minutes provide a true and accurate reflection of the discussions and decisions that have taken place.*	Sept '04		
7.	**Risk Management Training**								
7.2.2	The organisation has a procedure for rectifying non-attendance at mandatory and statutory training courses and can provide evidence that it is used in practice.	RA/SW	5	3	15	*Ensure that the procedure for rectifying attendance at mandatory and statutory training is formalised and can be provided as evidence that it is used in practice.*	July '04		
7.3.3	The organisation can demonstrate that 60% of all staff attend a specific local induction, which includes risk management and is appropriate to the area in which they are working.	RA/SW	5	3	15	*Ensure a system is developed whereby local induction attendance records can be collated centrally enabling the Trust to demonstrate that 60% of all staff are attending.*	July '04		
7.4.1	Course evaluation sheets are issued to staff attending mandatory and statutory training course.	RA/SW	4	2	8	*Reinstate course evaluation sheets.*	April '04	March '04	
8.	**Independent Assurance**								
8.2.2	There is evidence that the audit plans are drawn up with full consideration of all risks as detailed within the risk register.	VD/SG/ CR	4	3	12	*Ensure that the Risk Register is used to inform the next audit plan.*	April '05		

Note: Risk Scores calculated using the Trust's Risk Scoring Matrix. In all cases scores are based on worst-case scenario of consequence multiplied by likelihood as a result of continued non-compliance.

Lead Officer Key

CR	Celia Richards
GE	Gary Etheridge
LH	Lynn Hill
NC	Nigel Coomber
NM	Nikki Moore
RA	Rob Allan
SF	Sue Fay
SG	Sue Gunn
SW	Sue Whiterod
VD	Vince Doherty

Plan written April 2004
Plan reviewed May 2004

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Agenda Paper No: 67/04

West Hertfordshire Hospitals NHS
NHS Trust

From: Howard Borkett-Jones, Medical Director

To: Trust Board, 1st July 2004

Subject: Report on progress against CHI Action Plan

Action: For noting

The attached document summarises the Trusts response to date to the CHI report produced after the CHI monitoring visit in 2002.

An extensive action plan was produced, which has been monitored through a series of widely based CHI Action days. The details indicate that the large majority of the actions identified as being necessary in the light of the CHI report, are now completed. The remaining actions relate to sustained programmes of work which continue.

West Hertfordshire Hospitals NHS
NHS Trust

From: Howard Borkett-Jones, Medical Director

To: Trust Board, 1st July 2004

Subject: Report on progress against CHI Action Plan

Action: For noting

West Hertfordshire Hospitals NHS Trust was subject to CHI review during the summer of 2002. A draft review report was received at the end of August, followed by the full report in September.

The principle concerns identified were:

i. little or no progress in developing risk management systems at strategic or operational level, although a Trust-wide reporting system was introduced in 2001
ii. IM&T poorly developed with a number of different systems in place
iii. significant waits in A&E and slow access to some radiology services
iv. complaints not always dealt with effectively
v. some wards dirty and untidy

In response, the first WHHT CHI Action Plan was formulated in October 2002. The plan (50+ pages long) is available on the WHHT intranet. The actions were divided into twelve sections:

1. Building a Corporate Identity
2. Right Services at the Right Time
3. Wider listening, Closer working
4. Responding to Patients Complaints
5. Use of Information
6. Improving Clinical Practice
7. Improving the environment
8. Staff Appraisal
9. Raising Risk Awareness
10. Training & Education
11. Recruitment & Retention
12. Strategic Capacity

Within each section, a tabular format was used showing

- Key Action
- Action Plan
- Objective
- Timescale
- Constraints
- Lead Director
- Outcome Measures
- Monitoring

CHI Action Days, involving staff from a range of disciplines were held and a CHI Network Leaders Group was established, with a wide and flexible remit to suggest and undertake initiatives across the Trust to progress the action plan.

In summary, within the above sections and 35 key headings, progress against 135 action points has been assessed in two formal Progress Reports (both available if required).

The first, produced in August 2003, showed that 97 actions had been completed. By March 2004, when the second report was written, 110 actions had been completed, 1 was partially finished and 24 were on-going pieces of work. (It should be acknowledged that a number of the discreet actions have become continually 'on-going' as the Trust strives to improve the services offered.)
This performance demonstrates a huge amount of commitment and effort from WHHT staff at all levels throughout the organisation.

If the original three-year cycle is adhered to, a further review by the Healthcare Commission (successor to CHI/CHAI) is expected during 2005. No firm notification has yet been received, but planning for this will need to begin this autumn.

Howard Borkett-Jones
Medical Director
June 2004

West Hertfordshire Hospitals NHS
NHS Trust

CHI ACTION PLAN

PROGRESS REPORT

MARCH 2004

1. Building a Corporate Identity

Key Action	Action Plan	Timescale	Outcome Measure	Achieved Yes / No	Evidence
Corporate Identity ~ shared vision and clinical governance development	Mt Vernon's future to be clarified within the context of the Strategic Health Authority 'Investing in Health' process.	On-going	Clarification of Trust configuration.	Yes	IIYH documentation produced by SHA. Document available on Trust intranet. Regular 'walk-abouts' to all departments and wards by Board members.
	Introduction of cross-site events: Induction days rotate between sites; increased rotational working between sites and wards; introduction of staff 'buddying'.	Start Jan '03	Common induction for all staff.	Yes	Trust induction alternates between all 4 main Trust sites. Revised corporate induction programme commenced Jan '04, incorporating (from March '04) NHSU programme in communications and induction. Job shadowing introduced to encourage staff to work across sites/departments. Many inter-site workshops held.
	Development of cross-site functions.	On-going	Trust events organised.	Yes	Social activities, including football, cricket bowling matches organised.
				Yes	Nursing & Midwifery 'Celebration of Success' event planned for 2 August.
	Introduction of 'refresher' induction programmes, that focus on Trust-wide processes, care pathways and line management structures, for staff.	Start: Jan '03	Existing staff attend relevant induction courses.	Yes	New Trust Mandatory Training Plan introduced (from Jan '04) the requirement for the provision of an additional induction programme for all new and promoted managers and supervisors. Local induction on appointment, promotion or transfer will also address specific training needs appropriate to the specialty in which the member of staff works. All staff will receive an annual review of training requirements through the Trust appraisal process and the PDP will contain 'refresher' and updated training needs as appropriate.
	Senior clinicians and managers to have clear understanding of, and accountability for the delivery of Trust-wide clinical governance and shared Trust aims through the new Trust-wide divisional arrangements.	November '02	Clear evidence of progress through clinical governance monitoring reports.	Yes	Proceedings of Clinical Governance Committee (including clinical reports) are minuted. CG monitoring reports are produced monthly and quarterly. Discussed at Executive Team/Board meetings.
	New DoH, NICE directives to be introduced Trust wide.	On-going	Systematic introduction & evaluation	Ongoing	Establishment of Clinical Divisions complete.

1. Building a Corporate Identity (cont/d)

					DMG has regular presentations on Clinical Governance issues.
	Introduction of single communication system: Team Talk.	On-going	Evidence of information cascaded.	Yes	Relevant DoH directives pertaining to risk are discussed at Risk Management Committee. Systematic evaluation of WHHT compliance with NICE guidance underway.
				Yes	Team Talk occurs monthly. Cascaded (with paper backup) on Friday following each Board meeting. Posted on the intranet & available as hard copies.
Clear & consistent signage & documentation format in all departments	Each Hospital has Trust notice boards with Trust logo in key staff & patient areas.	April 2003	Standardised notice boards.	Yes	The Trust has corporate notice boards across the sites that provide information on corporate issues & events.
	All external & internal signs comply with Trust requirements.	March 2004	100% compliance.	In part	A Trust-wide replacement programme is progressing well. All 4 sites have been reviewed and a priority replacement list has been established.
	All departments/wards comply with corporate information standards & NHS Documentation standards.	January 2003	100% compliance.	Yes	Corporate guidelines based on NHS ID guidance are being systematically rolled out throughout the Trust.
Discharge Policy	Revise Trust discharge policy to incorporate best practice nationally.	April 2003	Policy complete.	Yes	Next policy review ~ June '04.
	Discharge planning to commence on admission.	December 2002	Discharge plans in place for all patients within 48 hours of admission.	Yes	Elective patients' discharge planning begins on admission. More work required for emergency patient discharge planning achieving this aim.
	Enhance discharge lounge facilities.	November 2002	Discharge lounges on both sites 80% occupancy.	Yes	Discharge lounges are located on HHGH and WGH sites.
	Focus discharge co-ordinators on all patients not just 'bed blockers'.	November 2002	Clear plans in place for all patients.	Ongoing	Policy review currently underway. Escalation policy developed. Collaborative working with other local organisations to demonstrate a co-ordinated approach taking place.

2. Right Services at the Right Time

Key Action	Action Plan	Timescale	Outcome Measure	Achieved Yes / No	Evidence
Access for emergency admissions (& diagnostic times ~ not covered explicitly)	Review the speed of the booking service in A&E.	Nov 2002	4 hour maximum (75% patients to spend less than 4 hours in A&E).	Yes	75% target met from March 2003.
		March '04	90% outcome required.	No	Currently around 85%.
	Raise public awareness of primary care & other local services to ensure patients presenting at A&E require emergency or urgent treatment.	Ongoing	All patients assessed by doctor within 1 hour.	Yes	'See and treat', has been introduced at both WGH and HHGH sites. This means that patients are seen in order of arrival time.
	Review the streamlining processes for heralded patients.	November 2002	As above.	Yes	12 hr trolley waits (12 exceptions in '03/'04). 4 hr trolley waits significantly reduced (now around 85%).
		By Dec.'04	98% requirement.	-	A major target for acute services: the Emergency Services Task Force has been convened, working with PCT CEOs to deliver a 'whole system' solution.
	Benchmark with Norfolk & Norwich Hospital in clinical streaming process & NHS Beacon sites & source from Modernisation Agency web-site; & trial scoring for patient volume.	As above	As above.	Yes	Work progressed via Emergency Services Collaborative.
	Link with NHS Direct as information source on appr. patient referral.	Now 04/05	As above.	No	Now subsumed into Emergency Services Task Force: key Trust objective for '04 in collaboration with wider health system.
	Work more collaboratively & improve communication between A&E & primary care.	Ongoing	4 hour maximum.	Yes	Involved in discussions with BHAPS.
			75% patients to spend less than 4 hours in A&E.	Yes	Met since March 2003.
			All patients assessed by doctor within 1 hour.	Yes	Patients are 'streamed' ~ not all see a doctor as a significant % see other practitioners.
Patient Access across sites	Improve communication with the public & general practitioners to inform:	Ongoing	As above.	Yes	Production of Hospital Portfolio.

	▪ Their expectations of key departments/facilities & their availability of services; ▪ Best times for access & that various investigations and specialisms are located on alternate sites; ▪ Joint agreement with PCTs about service location.				Ongoing reconfiguration discussions with PCTs & SHA. IIYH agreed objective to focus major A&E services at WGH.
Strengthen service planning to ensure effective utilisation of Trust facilities	Commence theatre utilisation project to ensure lists are used to maximum effect.	September 2002	Increase theatre throughput by 5%.	Yes	Theatre Policy reflects Utilisation issues.
	Review Outpatient services: ▪ Clinic templates ▪ DNA rates ▪ Clinic cancellations ▪ Booking systems	March 2003	Achieve 21-week maximum wait.	Yes	Target met. All specialities are reviewing their local templates. A full revision of outpatient services is being undertaken. All short notice cancellations & DNAs are coded, allowing better tracking & analysis. The partial booking system is being rolled out across the Trust.
	Ensure principles of booked admissions are implemented across the Trust.	December 2002	Booked admissions target met.	Yes	80% of day cases booked by April 2003. Progress being made to meet 2004 target.
	Improve bed management system (see also discharge section).	November 2002	Achieve 4-hour trolley wait.	Ongoing	Revision of the Discharge Policy due for completion in June '04: link to Bed Management Policy.
	Maximise use of day surgery facilities for day surgery.	April 2003	% day surgery achieved.	Yes	67% achieved: activity remains at this level.

3. Wider Listening, Closer Working

PPI Manager has produced a very detailed base line assessment of progress in 2003/04 by Directorate/Department. It is not possible to do justice to all this work within this report. The full assessment is available on request.

Key Action	Action Plan	Timescale	Outcome Measure	Achieved Yes / No	Evidence
Develop a comprehensive patient, user & public involvement strategy	Linking to external organisations: (PPI ~ set direction, definition & aims.	Ongoing	Publication of a list of Patient Forums and Panel dates.	Yes	Public community liaison work to support and help members of the public: dates published.
	Interlink all Patient Forums/Panels across the local health economy; ♦ Make use of communities i.e Beds & Herts database of 'expert' patients.	November 2002	Better understanding liaison and co-ordination.	Yes	Joint working with PCTs, HPT, Carers in Hertfordshire, Adult Care Services, Social services established.
	♦ Agree work programme to collaborate with external parties to maximise control with more remote or disparate users.	December 2002		Yes	Joint working with Cancer network, SHA, MVH, LJC, Macmillan Nurses, E&N Herts to formulate cancer user groups. External links made with PCT outside agencies and Dacorum Council aiming to establish an interpretation and translation service within the Trust. Working with CPPIH Editorial to help them promote their recruitment campaign for PPI. Joint working with SHA to improve women's services following independent review. Relationships established with African, Caribbean & Asian communities: regular liaison with Black Carers Forum. PPI Manager, Non-Executive Director, Coroner, Chaplains, Registry Office and undertakers currently working with the

3. Wider Listening, Closer Working (cont/d)

					Muslim community in respect of releasing deceased patients out of hours. Working with main leads at the Mosque to formulate a cancer pathway for patient information. A Patients' Panel continues to provide invaluable services within the Trust. Currently there are 40 patient representatives wanting to work within the Trust to improve our services. A Patient & Public Involvement Steering Group has been set up. An Organ Retention help-line is still active within the Trust providing information for affected families.
Develop a comprehensive patient, user & public involvement strategy	PALS to undertake 'customer care' role & roam to seek out concerns proactively. Listening to patients	January 2003		Yes	PALS officers walk the wards daily.
	▪ Introduction of comments scheme.	January 2003	PALS monthly monitoring showing increased patients and staff satisfaction.	Yes	Comments boxes have been put up across the Trust. Also 'Listening Boards' being introduced to show comments made and action taken.
	▪ Encourage anonymous (if desired by service user) feedback, raise awareness of issues faster than or supplementary to complaints process.	January 2003		Yes	Patient Panel members regularly conduct surveys in A&E & OPD.
	▪ Publicise early successes that promote confidence in system & celebrate constructive & collaborative working in PALS newsletter.	January 2003		Yes	This is achieved through the Listening Boards. These will show thank you cards & 'lessons' learnt from complaints.

3. Wider Listening, Closer Working (cont/d)

Key Action	Action Plan	Timescale	Outcome Measure	Achieved Yes / No	Evidence
Develop a comprehensive patient, user & public involvement strategy	▪ Nursing Patient stories programme to form part of the clinical governance reports.	March 2003	Board Reports / Annual Reports.	Yes	The RCN Clinical Leadership Programme, which is the origin of the Nursing Patients stories approach, is referenced in the CG Annual Report 2002/03. Observation of Care Strategy piloted in 10 clinical areas in January '04: to be launched Trust-wide in June '04. Essence of Care Food & Nutrition benchmark well underway: progress reports produced every 4 months.
	▪ Involve users in care pathway audits.	June 2003	Publication of quarterly schedule of open days & events.	Yes	Patient representatives have been involved in the Orthopaedic Care Pathway and are due to attend the ENT Care Pathway event. The Stoke Steering Group includes user members.
	▪ Training & Development All patient care staff to attend customer care courses. In the new training programmes implemented or planned, the concept of customer care has been broadened to include the range of communication competencies contained in the *NHS Knowledge and Skills Framework.* Therefore, 'customer care' is now incorporated into a range of development activities rather than being provided as a specific programme. All staff will have their development needs reviewed as part of the appraisal and personal development plan process.	Start June 2003 and ongoing	Fewer complaints about staff attitude.	Ongoing	Quality Manager inputs to training on Induction Programme, F grade development & Clinical Leaders days. New corporate induction programme incorporates the NHS programme for Communication skills (module 4:learning patient and staff communications) & PALS/Patient Complaints teams participate in Day 1. The Trust also plans to implement Suzy Lamplugh programme to support staff in managing difficult and challenging communications scenarios. A range of other training activities including the Buddy Programme/Skills Facilitation and the wider use of individual Learning Accounts.

4. Responding to Patient Complaints

Key Action	Action Plan	Timescale	Outcome Measure	Achieved Yes / No	Evidence
Learning from complaints	Quarterly complaints data produced by theme & frequency for Executive Team.	December 2002	Monthly & quarterly reports include 'common themes ' & change in practice reports from key departments.	Yes	Monthly data produced and circulated, to the DMG and Trust Board.
	Lessons from complaints shared with departments.	December 2002		Yes	Actions, themes & trends circulated monthly.
	Complaints about cleanliness to be monitored against actual specification.	December 2002		Yes	Ward staff regularly review. Awayday with Chief Executive, Modern Matrons & Medirest staff held on 20/01/03 & 24/03/03. Revised monitoring arrangements in place ~ August 2003.
	Complaints review & changes in practice discussed at clinical audit & effectiveness, and clinical governance meetings.	December 2002	Improved co-ordination of process.	Yes	Noted in Clinical Governance Committee Meetings.
	Establishment of Complaints Advisory Forum	Inaugural meeting April '04 then quarterly		-	Minutes to be circulated Trust wide.
PALS & Complaints department to provide comprehensive service to staff & patients	Develop structure & system that ensures all complaints acknowledged in 48 hours.	January 2003	Monthly & quarterly reports include 'common themes' & change in practice from key departments.	Yes	Watford QA Office re-opened January 2003. All complaints are now acknowledged within 48 hours of receipt. 'Making your Voice Heard' booklet to advise about complaints process produced.
	All staff to attend 'Responding to Complaints' course.	March 2003	Staff trained and confident in dealing	Ongoing	Key Personnel attended the ALARM and Handling Patient Complaint

4. Responding to Patients Complaints (cont/d)

			with queries and complaints.		Courses. Awaiting further advice from DoH, in light of new guidance, on forthcoming training courses to be available via NHSU.
	Publicise the different roles of PALS from the complaints process.	June 2003	Staff will be able to signpost patients/carers into the correct forum for complaint.	Yes	Complaints Policy to be revised and ratified by Trust Risk Management Committee in April 2004.
	PALS to resolve issues arising at ward or departmental level at staff or patient request ~ establish 'assistance line'.	December 2002	Themes and trends of PALS issues now produced.	Yes	Data included in monthly/quarterly Clinical Governance Reports.
Complaints department to provide efficient & user focussed service	All complaints responded on an individual basis:		Monthly & quarterly reports include		
	▪ The key issues of the complaint or concern should be checked with the patient.	December 2002	'common theme' & change in practice reports from key departments.	Yes	Included in letter of acknowledgement.
	▪ Avoidance of medical or professional jargon ~ development of 'user friendly language glossary' for staff who respond to complaints & supported by training workshops.	January 2003		Yes	Responses to letters of complaint are quality controlled by the Quality Manager.
	▪ Response letters should outline where Trust has learned from the complaint.	December 2002		Yes	The report format has been changed to include lessons learned.
	▪ Establish system for validating with complainants their satisfaction level with the response letter or action taken by the Trust.	January 2003		Yes	Patient Survey designed.
	▪ Regular review & sharing of comments & complaints performance & key issues in PALS newsletter.	January 2003		Yes	Information included in 'On The Pulse'.

5. Use of Information

Key Action	Action Plan	Timescale	Outcome Measure	Achieved Yes / No	Evidence
Secure funding to deliver comprehensive Trust wide information	IM&T should be included as a specific cost pressure in the SAFF round.	December 2002	Increased level of funding to deliver the IM &T development requirements.	Yes	Capital program 2003-2004 and ongoing part of business plan.
	IM & T draft constructive business case that includes explicit assessment of impact of 'make do & mend' scenario.	November 2002	Agreed preferred option.	Yes	Systems and requirements have been documented to support the national NPfIT programme. This is being consolidated into a business case for the SHA.
	Recognise constraints of competition for LIS funding.	Ongoing	Prioritised plan for health economy re IM&T investment.	Ongoing	Funding approved by the LIS programme board for 2003/4 to support ongoing work programmes.
	Ensure that all computer equipment requirements and purchasers are cleared through IM &T.	Ongoing	Ensuring compliance controls assurance.	Yes	No `new' equipment is purchased without IM & T `view' and authorisation, supplies ensure compliance.
	Ensure Divisional business plans reflect and are approved by IM & T procedures & requirements.	Ongoing	Corporate agreed work programme.	Ongoing	Work programmes reflect prime national targets plus key identified local requirements.
	Communication between Divisions and IM & T are regular and channelled through nominated individuals.	Ongoing	Improved planning & support of projects & corporate understanding.	Ongoing	New mechanisms have been put in place to improve communications across the Trust e.g. roadshows and newsletter.
	Highlight cost & inefficiency implications of incorrect or inconsistent data inputting: ▪ Increase personal responsibility for the accurate data provision; ▪ Promote understanding & dialogue between data providers & data users; ▪ Introduce system of senior manager's sign off data quality. ▪ Provide training for staff to ensure data inputting Consider a 'fast-tracking' assessment & training for new employees to access the e-mail system.	March 2003	Achievement of data accreditation certification.	Yes	The Trust has achieved Qualified Certification for Data Accreditation Stage 2. This has ensured improved awareness /understanding of roles and responsibilities.

5. Use of Information (cont/d)

Key Action	Action Plan	Timescale	Outcome Measure	Achieved Yes / No	Evidence
Secure funding to deliver a comprehensive trust wide information	Source good data collection practices from organisations within & outside the NHS.	March 2003	Audited improvement in practice.	Ongoing	The data accreditation process has been instrumental in this area. Data accreditation external assessment undertaken. Links are currently in place across the SHA to review data quality and benchmark across organisations, to enable learning and improvement.
	Rollout existing good departmental practice.	March 2003	Audited improvement in practice.	Ongoing	Information on improving practice is available within departments; regular formal audit now required.
	Comply in full with the Data Protection Act.	As Act requires	Audited compliance with DPA.	Ongoing	Developments are in hand to improve information governance reporting.
	Consider a pilot scheme for patient held records (e.g. Maternity cards).	Ongoing	-	Ongoing	Handheld records have now been rolled out across the Trust for maternity services.
	Consider the introduction of bar coding of patient notes to track better the movement of case notes.	Ongoing	-	Ongoing	Broader use of bar coding will be introduced.
Improve the trace ability & security of patient notes	Unify the medical record	Ongoing	Single unique record for WHHT.	Ongoing	Focussed resources have recently been put in place to merge current multiple cases notes to move towards a single unique case note. New standard Trust case notes introduced with a single Trust based number format for all new records.
	Ensure that the complete record always contains electronic data (pathology/haematology results) and hard copy information.	Ongoing	-	Ongoing	Data accreditation has re-enforced the need to ensure the cases notes are complete. Essence of Care Record Keeping benchmark work is well underway and a progress report has been produced (Oct. '03).
Efficient & effective IM&T	Consider the electronic integration of systems for procurement	Ongoing	Paper reduced procurement process with audit trails.	Ongoing	In train via the supplies consortium.
	Consider requests to Estates department integrated electronically that allows quicker feedback on current work status.	Ongoing	Improved processes for managing work orders.	Ongoing	

5. Use of Information (cont/d)

Key Action	Action Plan	Timescale	Outcome Measure	Achieved Yes / No	Evidence
Ensure passwords are individually held & used	▪ The responsibility for password secrecy is reflected in the Code of Conduct.	Already in place	Compliance with legislation.	Yes	Mandatory training has started and the induction process has been updated.
	▪ Importance of Data Protection, confidentiality, professional best practice and Password secrecy covered at induction and relevant training programmes.	November 2002 start rollout	Compliance with legislation.	Ongoing	
	▪ Ensure bank & agency staff provided with time limited personal passwords as requested.	Ongoing	Compliance with legislation.	Ongoing	

6. Improving Clinical Practice

Key Action	Action Plan	Timescale	Outcome Measure	Achieved Yes / No	Evidence
Develop clinical effectiveness & audit strategy (ies)	Produce strategy that: ▪ builds on existing internal & external best practice; ▪ sets systems to monitor & improve processes; ▪ promotes sharing of quality information on performance, outcome & ▪ patient experience; ▪ clarifies personal & collective responsibility in the clinical divisions for clinical audit & effectiveness.	February 2003	Strategies in place.	Yes	Separate strategies for clinical audit and clinical effectiveness have been produced and ratified.
Improve attendance at clinical effectiveness & audit meetings	Clinical Audit Co-ordinator & Associate Medical Director to meet regularly with specialist teams to: ▪ Develop a culture of clinical commitment and confidence in the delivery ▪ of quality of care; ▪ Encourage multi-disciplinary working in clinical and learning forums; ▪ Use meetings to share clinical practice guidelines, changes in practice and demonstrate evidence-based working; ▪ Strengthen & co-ordinate support for meetings.	Re-started Sept. '03	Agendas of clinical Effectiveness & Audit meetings & attendance lists.	Yes	New Clinical Audit Lead appointed and in post Sept. '03. New strategy/work plan produced.
Ensure clinical guidelines implemented & evidence based changes in clinical practice occur, by sharing throughout the Trust	▪ Identify existing processes of clinical guidelines implementation & evaluation. ▪ Divisions to produce individual clinical team plans to introduce local clinician led models that have managerial support. ▪ Include practice that covers clinical & non-clinical issues. ▪ Continue promotion of ethical reporting & link to complaints so that real events/outcomes affect clinical protocols & behaviours. ▪ Clinical staff training & CPD is adapted or introduced that reflects continued learning & experience. ▪ Monitor consultant practice through appraisal.	Start January 2003	Appropriate treatment within the resources available analysed by case note audit. Staff appraisal More effective use of consultant experience & skills.	Ongoing Yes	Addressed in the Clinical Governance Annual Report '02/'03. CG Development Plan for '04/'05 based on both corporate and divisional plans. Links to complaints echoed in both the above. New Policy Development Framework produced, approach agreed and implemented. '03/04 round completed.
Develop system to register & monitor audit activity, record, implement	▪ Map current audit work (departmental & corporate led).	March 2003 (re-started Sept. '03)	Completed register reflecting Trust priorities.	Yes	Audit survey across Trust undertaken.

& re-audit changes to clinical practice	▪ Establish register of activity & system to prioritise audit work. ▪ Initiate 'tracking' system to monitor completion, findings and any changes in practice.	March 2003 October 2003	Copy of Trust CA programme. Copy of audit registration form. Copy of audit project database. Copies of Divisional programmes and timetables.	Yes Yes Yes Yes	Trust audit programme agreed and currently being rolled out to Divisions, starting with Acute Medicine at HHGH. New audit registration form agreed and implemented. Existing audit registration database being revised. Work to further develop system for registration/ monitoring underway. Dates for presentation of findings/agreeing change set as part of WHHT audit programme: dates set for AMC at HHGH. Further date set for assessing whether loop has been closed. Clinical audit officer assigned to attend meetings to track activity and progress.
Develop strategy that gives clear vision for audit activity & links to primary care	Produce strategy that sets: ▪ Explicit & planned multi-disciplinary working within the Trust & local health economy partners; ▪ Develop joint key actions, progress milestones & monitoring criteria	January 2003	Joint work projects.	Yes	Some joint projects undertaken, but further joint-working development needed. Strategy agreed and circulated.
Develop a robust & systematic method of identifying, developing & implementing care pathways	Establish programme for the development & roll-out of care pathways that: ▪ Close loop between audit & risk; ▪ Identifies resources required; ▪ Prioritises implementation & support	Start January 2003	Consistent & approachable delivery of clinical care.	Yes	Fractured neck of Femur pathway has been implemented. Currently developing Stroke Care pathway and Care of the Dying pathway.

A Trust Nursing & Midwifery Strategy was produced in July 2003. Progress reports are produced every 6 months and considered by the Nursing & Midwifery Strategy Group & Executive Team. Further details can be obtained by contacting the Director of Nursing, Midwifery, Quality & Risk.

7. Improving the Environment

Key Action	Action Plan	Timescale	Outcome Measure	Achieved Yes / No	Evidence
Safeguard Patient Privacy & Dignity	▪ Encourage individual responsibility of all staff to identify and ensure patient dignity, comfort and privacy.	November 2002	Monthly PALS report & complaints analysis.	Yes	Staff awareness forms part of the Privacy & Dignity Benchmark work. Ward teams currently identifying elements of good practice & areas for improvement, using a tool developed in-house.
	▪ Wards to check door signage, locks, curtains, and locker facilities. ▪ Review visiting times to allow more access & visiting for carers & relatives.	November 2002	PEAT Reports.	Yes & ongoing	The PEAT team visits were re-launched in June 2003. This has led to the regular production of PEAT Team & Departmental reports.
	▪ National Inpatient Survey recommendations reviewed against current Trust facilities & required improvements made.	November 2002	Audit of compliance with survey recommendations.	Yes	An external body & NHS Estates reviews Trust progress and the PEAT Team provides additional 'view' of the compliance as part of the routine PEAT inspections.
	Ensure that access to PALS & the complaints department is advertised clearly to all patients.	December 2002	Patients/Carers have better access to complaints process.	Yes	Posters are displayed throughout the four sites.
	Each ward to have comments box that is opened & its contents read daily.	January 2003		Yes	Comments boxes and cards are now available in all areas across the four sites and are emptied weekly.
	Posters in all key areas that encourage patients & visitors to report anything untoward or unsatisfactory.	January 2003		Yes	Via PALS Poster.
	Encourage staff to report and address any compromise to dignity & privacy immediately.	January 2003		Yes	Essence of Care Privacy & Dignity Benchmark work (e.g. standardisation of curtains) commenced in September 2003. Communications benchmark work has started and will follow a similar process.
	Ensure staff know the contract specifications & how to report any divergence.	February 2003	Audit of compliance with survey recommendations.	Yes	Performance Mgt Review group set up (March '03). It monitors performance against the contract standards.

7. Improving the environment (cont/d)

	Reporting system must be clear, fast & responsive.	February 2003	Flowchart & reporting template & standards for reporting produced.	Yes	Incident and complaints reporting systems now implemented.
Safeguard Patient Privacy & Dignity	All reports of poor cleanliness & time taken to be addressed must be monitored.	February 2003	As above.	Yes	A monthly summary of complaints and issues is sent to the Facilities Mgt Group. The introduction of the Comment Card Scheme provides a Trust wide means for patients & visitors to comment on the fabric and condition of the Trust.
	Produce a set of values & expectations for the patient environment with Trust & contract staff.	February 2003	As above.	Yes	Wards have producing 'ward pledges' that set a standard for the cleanliness and safety of each ward.
	Establish regular mystery shopper patrol of areas that includes patients & stakeholders.	February 2003	As above.	Yes	Members of the patient's panel undertake spot checks and PALS staff walk the sites regularly.
Condition of Estate	Consider detailed review of current satisfaction with quality of contractor' services.	February 2003	Joint contractor & Trust survey.	Yes	The Estates & Capital Group is undertaking a comprehensive survey that looks at suitability and condition of equipment.
	Establish Trust ranking of standards' compliance – i.e. hygiene & cleanliness cannot be compromised in theatre or in the wards.	February 2003	Development of Trust accepted standards.	Yes	The Performance Mgt Review Group is looking at Domestic & Housekeeper roles to ensure that the training and performance standards are adequate to fulfil the tasks required.
	Trust wide review of 'fitness for purpose' of its facilities ~ e.g. are doors automatic, are benches placed in longer corridors, are chairs soft or supportive?	March 2003	Trust Survey.	Yes	This is covered in the work being undertaken by the Estates & Capital Planning Group. Recent proposal to place lift-up seats in Tudor/Verulam bridge corridor.

7. Improving the Environment (cont/d)

Condition of Estate (cont/d)	Introduce sponsorship of ward/garden/ corridor scheme.	April 2003	Areas sponsored.	Yes	A range of sponsors including Church Groups, Cadbury Schweppes and MacDonald's are interested in participating in this scheme.
Maintain staff & Trust appearance & safety standards	Improvements register produced following the review & development of minimum standards.	March 2003	Register produced.	Yes	This is being achieved in 2 ways: 1) Ward Pledges set out what the patient can expect as a minimum standard. 2) PEAT visits are providing additional baseline data.
	Consideration given to 'no smoking' policy throughout the Trust.	January 2003	Elimination of safety hazards.	Yes	Smoking Policy introduced Summer 2003.
	Staff should be identifiable, wear name badges and be appropriately dressed.	2003		Yes	Any breaches are reported by the PEAT Inspection Team, and appropriate managers are notified.

8. Raising Risk Awareness

Risk targets progressed within the Trust are detailed within the Trust's Risk Action Plan, which can be obtained by contacting either the Trust's Risk Manager or the Director of Nursing, Midwifery, Quality & Risk.

Key Action	Action Plan	Timescale	Outcome Measure	Achieved Yes / No	Evidence
Risk built into daily routine & responsibility of all	▪ Run training programme(s) that helps staff proactively define, identify & assess risk.	December 2002	Scheduled risk workshops & attendance lists.	Yes	The new Mandatory Training Plan approved by the Risk Management Committee in November '03 addresses the risk training requirements for CNST, RPST and H&S standards. Risk Scoring Workshops were run in March, April and June 2003. These are being repeated in September and December 2003. Again, further training sessions will be addressed within the Risk Management Training Strategy. A ½ day risk away day was held in 2003 to promote good practice. Implementation of Datix with training.
	▪ Include risk in Trust induction day & junior doctors' induction.	December 2002		Ongoing	Doctors' Training is being taken forward as part of working towards compliance for CNST 2. Risk forms a key component of the corporate induction programme. A risk process has been instigated to ensure the medical staff induction programmes fully meet the requirements of the Mandatory Training. RPST Level 1 attained and CNST Level 1 retained in February 04.
Develop & implement robust risk management procedures	Introduce single incident reporting form.	January 2003	Introduction of new form & amended policy.	Yes	Single Incident Reporting Form to be implemented Trust wide in April '04
	Amend incident reporting policy.			Yes	Incident Reporting Policy has been reviewed and ratified. Staff awareness sessions have been re-launched as part of the major risk programme.
	Schedule staff awareness training linked to above.			Yes	Child protection local action plan developed to address targets highlighted in Climbie Report. Hospital Child Protection Steering Group established ~ Feb

8. Raising Risk Awareness (cont/d)

					04. Quarterly Clinical Indicator Reports produced and circulated at Executive level. New Risk policies/procedures ratified by Trust Board: - Incident Policy - Consent to Treatment - Risk Management Strategy - Datix Policy
	Actions resulting from identified risk, risk/incident reports or activity are communicated regularly to staff (closing the feedback loop). Identify, share & develop existing good practice.	January 2003	Local change in practice or actions taken communicated.	Yes	Divisional Risk Leads are in the process of tightening up arrangements for feedback of incidents to staff. They will be required to produce evidence of this for CNST Level II. Staff will also request direct feedback on any incident they report by ticking a box on the new Single Incident Reporting form. Quarterly Divisional Risk Lead meetings (chaired by the DoN) have been established. Establishment of Trust Risk Committee and Risk sub-committees. In 2004 the Divisional Risk Leads will be receiving 4 full day training sessions with external facilitator.
Development of Risk Register	Develop central risk register that:		Risk register produced.		
	▪ Indicates level of risk;	January 2003		Yes	The Trust has a Trust Risk Register (Datix).
	▪ Develops standardised scoring system;	January 2003		Yes	The Trust's organisational structure has been reviewed to ensure clinical/non-clinical Risk convergence with strong links to Clinical Governance.
	▪ Appointment of local champions to lead & review development & ensure that clinical & non-clinical risk is linked to clinical governance;	December 2002		Yes	The Clinical Governance Template for Reporting has been revised to comply with aims of the Risk Management Department.
	▪ Benchmark with Trusts that CHI scored well in Risk.	December 2002	Available benchmarks.	Yes	Lessons learnt across Trust will in future feed into CG Committee to further facilitate Trust Wide Sharing. Benchmark review ~ Wirral & Chesterfield CHI. Reviews.
Address cleanliness, security & waste management	Ensuring staff deal with poor environment & risk factors with direct involvement of patients' views: ▪ Distribution of posters that invite patient's comments.	January 2003	Visible & easy way for patients & family to report concerns.	Yes	Posters have been put up across the Trust.

8. Raising Risk Awareness (cont/d)

	▪ Introduction of comment cards.	January 2003		Yes	Comment Card Boxes have been placed around Trust (e.g. WGH: A&E waiting room, Maternity Reception, Main Reception). The comments cards are collected & analysed by PALS. Attention to detail project involving patients held week commencing 11 August 2003.
West Hertfordshire Hospitals NHS Trust badges worn by staff	Staff to be identified by single Trust badge or identification that is easy to read & states name, title & department.	February 2003	All staff will wear Trust named badges.	Yes	The uniform policy requires proper identification to be worn. Policed regularly by Director of Nursing & Midwifery, Heads of Nursing/Midwifery & Modern Matrons.
	Locum, agency & bank staff to have badges that are time limited & available as required.	February 2003		Yes	As above. Checked by senior staff regularly. Agreement reached to provide Medirest staff with security badges.

9. Training & Education

Key Action	Action Plan	Timescale	Outcome Measure	Achieved Yes / No	Evidence
Develop a written education & training plan	Draft a written training strategy that is transparent and builds on existing good practice and policy.	January 2003	Organisation meets performance targets Quality of services improves Effective recruitment, retention & development.	Yes	Education & Training Strategy formally approved by Trust Board February 2003.
	Ring fence the training & education budget.	November 2002	Resources effectively targeted within agreed cost profile.	Yes	Trust resources targeted at priority areas in line with Training strategy. Review completed of the funding streams and allocation from WDC and Trust and the budget reconfigured to ensure WDC revenue monies are targeted. Work is in progress to develop local workforce development plan as part of the Division's Business Planning process.
	Improve access to training days and events by: ▪ Reviewing study leave policy; ▪ Identifying alternative means of learning.	February 2003 & ongoing	Wide range of learning opportunities and PDPs.	Yes	Draft Study Leave Policy being amended to reflect new corporate policies including Mandatory Training Plan and the NHS KSF. Alternative means of training being promoted e.g. CD ROMs, videos etc. NHSU programme will pilot CD ROM-based learning fro all staff groups. Funding has been received from the NHSU in line with Trust's new status as a 'first wave' affiliate: this will support development of a dedicated staff learning resource centre.

9. Training & Education (cont/d)

	In partnership with the workforce development confederation establish innovative training programmes to fill skills gaps caused by shortages of qualified staff.	September 2002 & ongoing	Flexible workforce to meet changing service needs.	Yes	The WDC has confirmed the funding allocation for 03-04. A new funding policy will be produced in 2004.
	Link training need & competence: ▪ Standardise competence levels; ▪ Share expectations between staff, trainers and managers; ▪ Clarify role boundaries.	April 2003 & ongoing	Flexible workforce to meet changing service needs.	Yes Ongoing	Work progressing to link to competencies identified in knowledge and skills framework of Agenda for Change (to be implemented October 2004).
	Integrate training on 'softer skills' within induction & other training programmes as appropriate.	February 2003	Reduction in number of complaints & through other feedback measures.	Yes Ongoing	Revised training plan being developed by the Trust Quality Manager.
	Training programmes to reflect improvements or changes in practice identified through complaints process.	February 2003	As above.	Yes	As above.

10. Staff Appraisal

Key Action	Action Plan	Timescale	Outcome Measure	Achieved Yes / No	Evidence
Ensure staff appraisal system is universal & applied consistently	Establish steering group to identify the Trust's and staff requirements of the appraisal system, and promote a 'client service' approach to appraisal.	December 2002 to December 2003	PDPs & training plans Retention. Succession Planning & Improved Communications.	Yes	Training and Education Steering Group Established. Review of appraisal processes commissioned.
	Give appraisal greater profile throughout the Trust & include in objectives of all managers.	December 2002 to December 2003	PDPs & training plans Retention. Succession Planning & Improved Communications.	Ongoing	
	Establish joint objectives & appraisals with contracted staff.	December 2002 to December 2003	PDPs & training plans Retention. Succession Planning & Improved Communications.	Ongoing	To be implemented as contracts are reviewed.
	Ensure appraisal informs training strategy & delivery.	December 2002 to December 2003	PDPs & training plans Retention. Succession Planning & Improved Communications.	Yes	Responsibility of managers for the identification of training needs clearly identified in Education & Training strategy.
	Establish system to prioritise departmental and/or individual training needs.	December 2002 to December 2003	PDPs & training plans Retention. Succession Planning & Improved Communications.	Yes	Detailed in Education & Training strategy.
	Extend in-house training.	December 2002 to December 2003	PDPs & training plans Retention Succession Planning & Improved Communications.	Yes	External training contacts reviewed to replace where possible with in house provision.
	Promote alternative opportunities for training & development e.g. shadowing to encourage knowledge of other departments and personnel.	December 2002 to December 2003	PDPs & training plans Retention Succession Planning & Improved Communications.	Yes	A number of staff have shadowed Trust colleagues. Flyers advertising training opportunities circulated via e-mail.

11. Recruitment & Retention

The Trust's Nursing & Midwifery R&R Plan can be obtained from either the Trust's Nursing & Midwifery R&R Manager or the Director of Nursing, Midwifery, Quality & Risk.

Key Action	Action Plan	Timescale	Outcome Measure	Achieved Yes / No	Evidence
Develop a Trust wide recruitment and retention strategy for all staff groups	Standardise & make consistent the: ▪ Approach to retention & to recruitment issues; ▪ Information to staff and candidates; ▪ Monitoring criteria; ▪ Evaluation process.	January 2003	Defined plan to cover all staff groups; Reduction in number & reduction of vacancies.	Yes & ongoing	Fall in vacancies and turnover. N&M R&R Plan updated quarterly and presented to Exec.
	Identify all staff groups' recruitment and retention & concerns in professional and personal context (i.e. ranging from working schedules to crèche facilities) and reduce variance in employment conditions.	February 2003	Increased retention; more candidates & staff knowing about the benefits we offer.	Yes & ongoing	On going work to harmonise conditions of employment between sites.
	Establish 'promotional' benchmarks: ▪ Opportunities for in-house promotion (skills escalator), employee of the month, training & personal development events; ▪ Show role of individual and teams in wider context of supporting patient care; ▪ Encourage multi-disciplinary working.	February 2003	Increased staff satisfaction. Improved recruitment & retention.	Yes & ongoing	Increased development opportunities for unqualified staff. Employee of month awards established. HCA cohort example of good practice.
	Broaden & make formal the induction process: ▪ Encourage 100% attendance in 8 weeks of appointment; ▪ Develop 'cooks tour'/patient tracking for staff (linked to individual training needs); ▪ Strengthen appraisal system.	April 2003	Attendance & Retention.	Ongoing	Training Records: all new starters from Feb '04 will commence with a full corporate induction. A detailed N&M recruitment & retention plan is reviewed & updated quarterly.
	Ensure that the results of the exit interviews are collated to inform recruitment & retention strategy	December 2003	Reduced labour turn over.	Yes	Exit interviews are analysed quarterly.

12. Strategic Capacity

Key Action	Action Plan	Timescale	Outcome Measure	Achieved Yes / No	Evidence
Address cultural differences between the sites	Radiology pilot to develop a common culture & working practice & standards on 4 sites: ▪ Common documentation & performance standards agreed; ▪ Complete integration & adoption of seamless cross trust working.	March 2003	Completion of departmental documentation & performance standards Full integration of departmental working & vision.	Yes	Across site RINE audit meetings set up to agree common practice. Across site regular superintendent meetings New consultant radiologist to work at both Hemel & Watford. New joint ultrasound manager to be appointed who will bring together policies & procedures.
Financial constraints do not undermine patient experience or staff training needs	Trust to continue through Team Talk & staff information leaflets; To brief staff on financial issues & financial management actions; To inform staff about the Acute Service; Review progress & implications.	Ongoing	Staff aware of financial issues.	Yes	Included in Team Talk each month and In Touch. Also, where appropriate we conduct parallel briefings across the Trust sites.
Consolidate work with public partners	Expand partnership working to develop comprehensive communication & services review.	Ongoing	Local partners engaged with Trust to support patient experience.	Yes & ongoing	Pride in the Workplace initiative held on 17th May 2003. Further event being planned during 2004. Community involvement from a number of different organisations which is ongoing. Undertaking a fundraising feasibility study to embrace partnership working more broadly.

Updated 30 March 2004

Agenda Item No 68/04

West Hertfordshire Hospitals NHS
NHS Trust

From: Howard Borkett-Jones, Medical Director

To: Trust Board 1st July 2004

Subject: **Clinical Governance Monitoring Q4 2003/04**

Action: For noting

The Clinical Governance monitoring report for Q4 2003/4 is attached.

This report itemises the performance of a range of clinical governance indicators within the Trust, and details actions underway to monitor trends more closely

The Board is asked to note the contents of the report.

Clinical Governance Report, Q4, 2003/4

An interim report, detailing recent progress in furthering the Trust's Clinical Governance (CG) programme was provided for the Board Meeting on 29 April. Updates on this report information are given below, where appropriate.

1. Management issues:

CG Development Plan 2004/05
The CG Development Plan for 2004/05 was submitted in February 2004. The Plan outlines the Trust's CG objectives, both corporate and within the five divisions. It will be used as a live document to guide and monitor progress. The Plan has been approved by the Strategic Health Authority (SHA), number of further suggestions were made and the Trust has responded.

The CG Development Plan (45 pages long), SHA Assessment and the WHHT response are available, if required, from the CG office (contact Celia Richards on HHGH 2260 or Email).

2. Monitoring

Controls Assurance: Governance Standard
The Trust is required to demonstrate compliance with Controls Assurance (CA) standards for a broad range of functions. The CA Governance Standard (Clinical and Corporate) have been extensively reviewed and the Trust demonstrated compliance of approximately 96%. This was against a minimum of 75% expected by the SHA. Further work is in progress to embed CA processes more fully into regular reporting and monitoring frameworks.

Research Governance was introduced to the Controls Assurance process this year for the first time. Guidance has been provided via the national R&D network and full information has been entered on to the ROCA system. Audit of this standard within WHHT has been arranged for early July.

3. Complaints

A new Complaints Advisory Group has recently met for the first time. The membership and Terms of Reference were agreed. Documentation provided included:

i. Complaints Report Q3 2003/04
ii. New complaints form 'Your Comments'
iii. Complaints by Subject (KO41(A)) and directorate
iv. Compliance (response times to written complaints) by Division April '03 – Feb. '04
v. Actions for complaints (August - November '03)
vi. 'How to Deal with Complaints' training guide

These documents are available from the CG office if required.

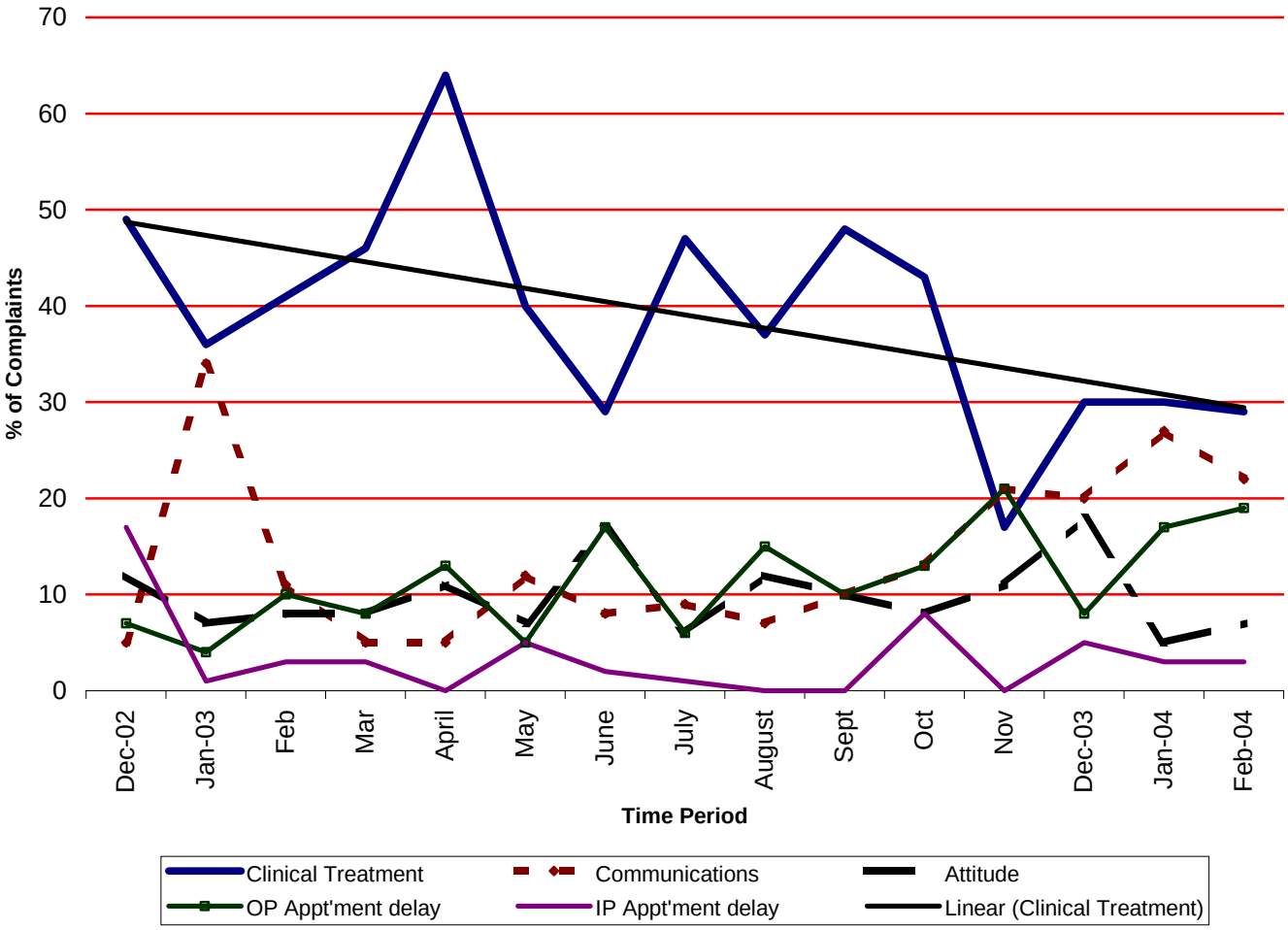
The charts below demonstrate aspects of Trust performance in dealing with complaints. It is pleasing to note that:

i. the percentage of complaints about clinical treatment continues to reduce

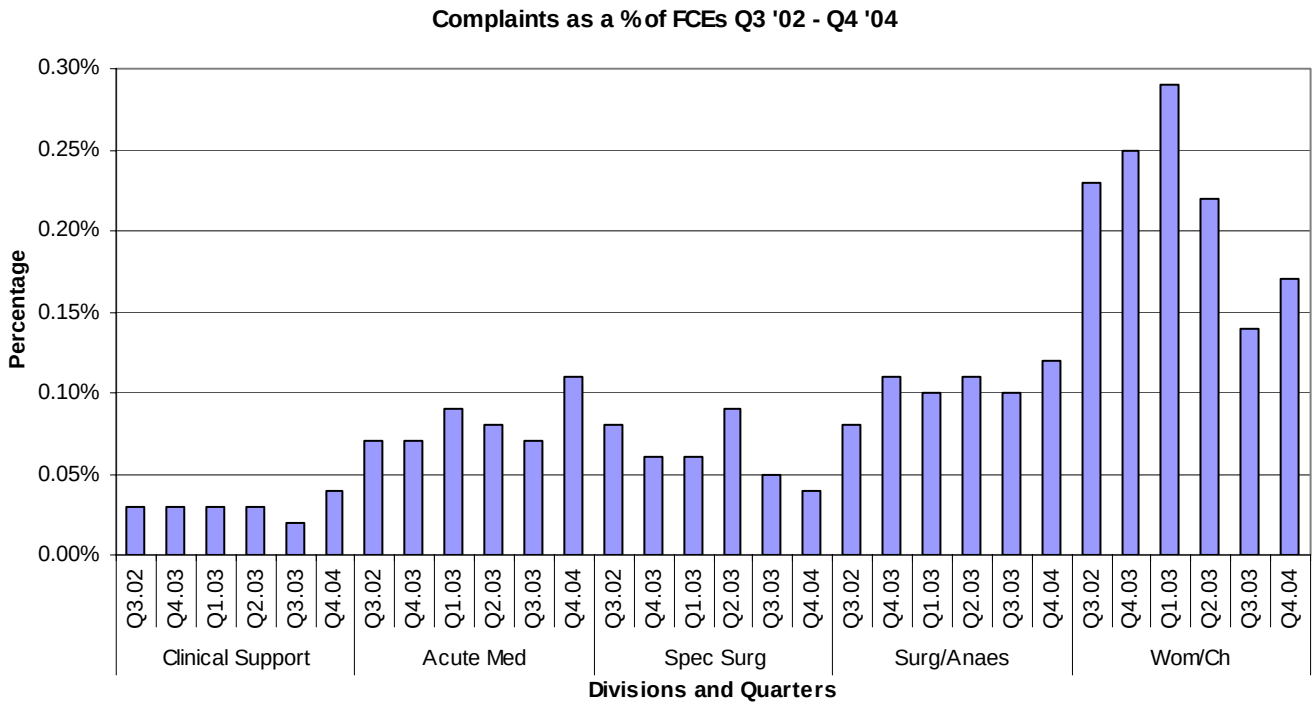
ii. in the Women's & Neonatal Division

- the number of complaints as a percentage of Finished Consultant Episodes (FCEs) appears to be falling
- the compliance with the 20 days response time is now improving following the resolution of some staffing problems.

Complaints by Category Trends : February 2004

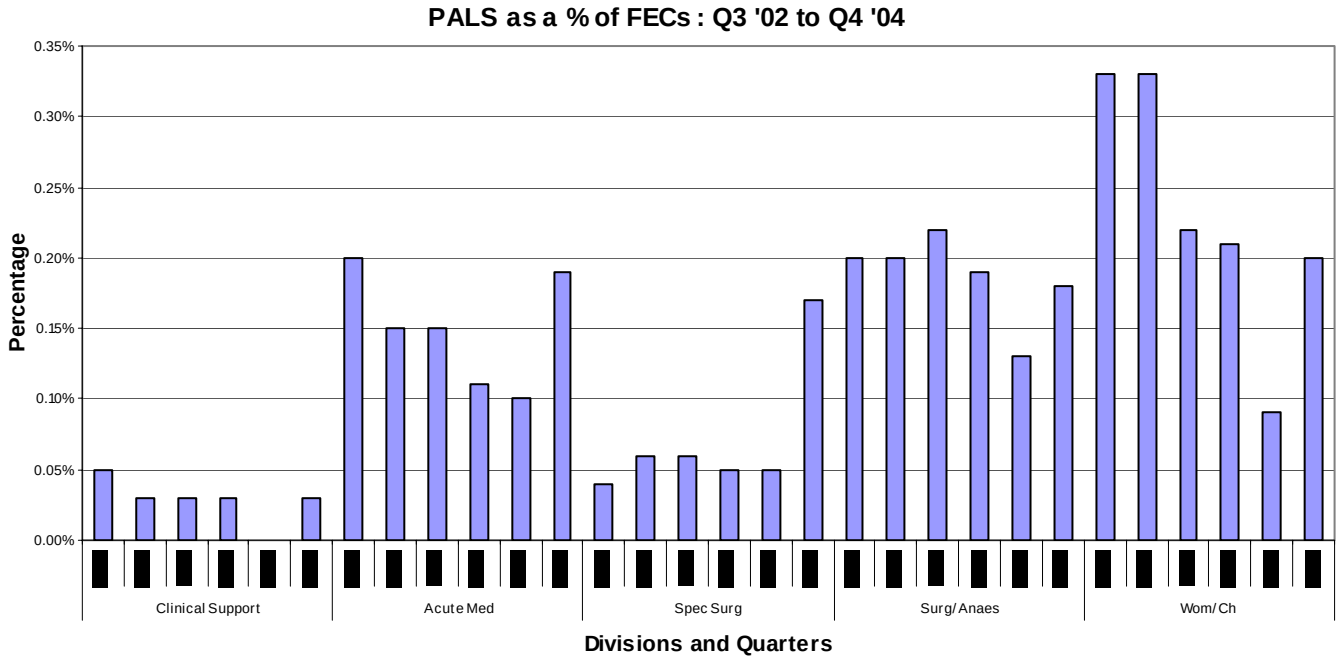


The Trust is pursuing options to improve the overall 20 day response performance.

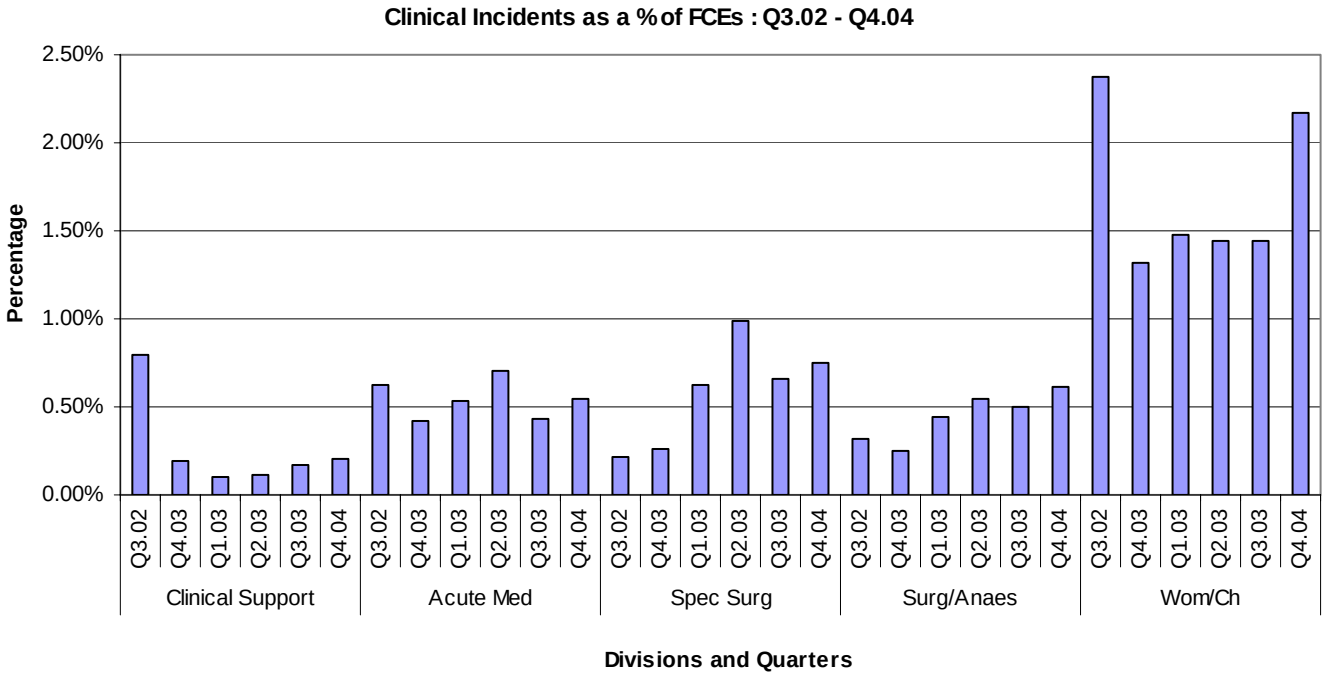


PALS

A PALS special report detailing progress was presented in February 2004. As mentioned in the previous interim report, improved staffing levels and expertise have resulted in a marked increase in the number of concerns that have been resolved by the PALS team, without further referral (77% in the last six months compared with 69% in the previous period).



Clinical Incidents

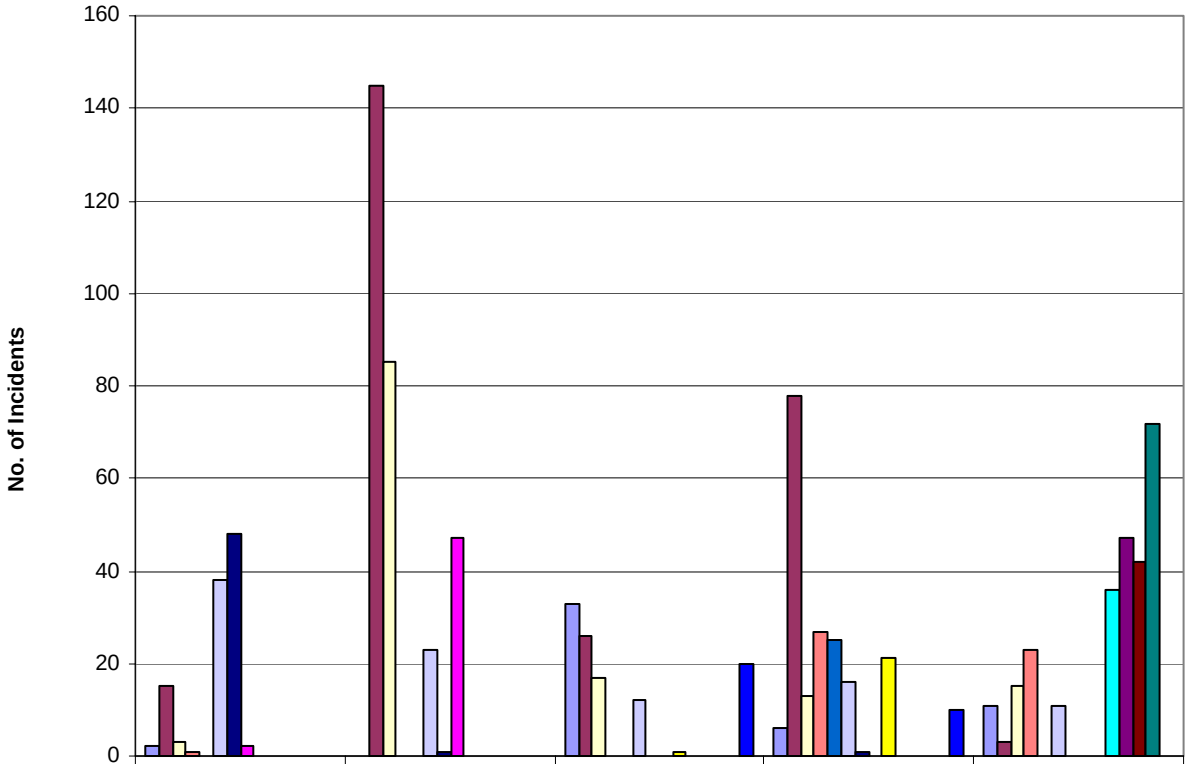


Clinical incident data is collected both by category and by division. Falls, slips and trips continue to be major contributors.

Quarter 4 data shows that, in the Womens & Neonatal division, there has been a rise in the number of incidents as a percentage of FCEs and also in certain categories (Postnatal, Infant and Missing Documents) over the Quarter three figures. Analysis indicated that this reflects improved reporting.

Clinical Incidents by category & division Q4 2004

(categories that represent >2% of the total

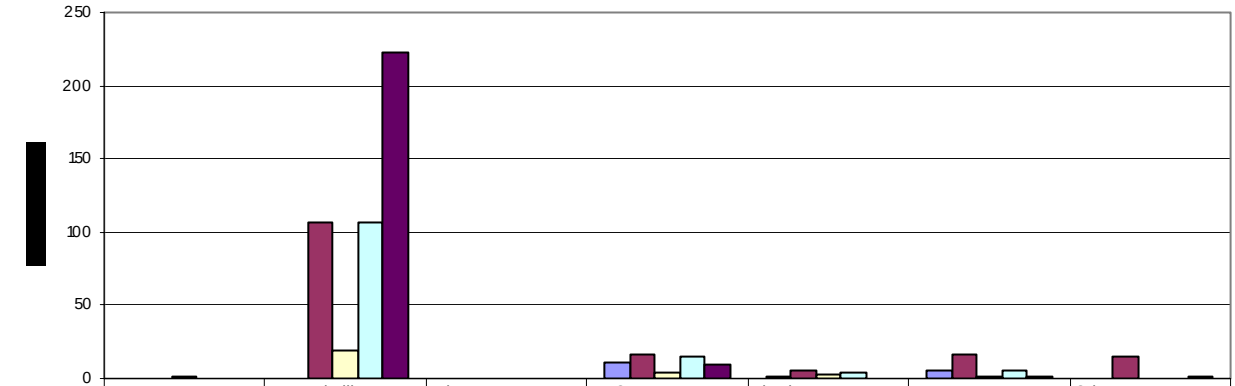


	Clin Sup	Med/A&E	Spec S	Surg /An	Wom / Ch
Comm	2	0	33	6	11
Fall, Slip, Trip	15	145	26	78	3
Poor Pt mgt	3	85	17	13	15
Missing doc in notes	1	0	0	27	23
Ventln in recov	0	0	0	25	0
Miscel	38	23	12	16	11
Mislabelling	48	1	0	1	0
Guidelines	2	47	0	0	0
Perioperative events	0	0	1	21	0
Labour	0	0	0	0	36
Deliv	0	0	0	0	47
Postnatal	0	0	0	0	42
Infant	0	0	0	0	72

Clinical Division

Blood Transfusion:

Blood Transfusion Errors Q4 2004



	Incorrect component	Poor Labelling	Lab error	RBC	Platelets	FFP	Other
	Blood transfusion errors			Products wasted			
Clin Sup	0	0	0	11	1	5	0
Med/A&E	0	106	0	17	5	17	15
Spec S	1	19	0	4	3	2	0
Surg /An	0	107	0	15	4	5	0
Wom/ Ch	0	223	0	9	0	2	2

Type of Error

The Transfusion Nurse Specialist (TNS), has been working hard to reduce the number of of labelling errors occurring. Actions taken include:

- mandatory teaching sessions that emphasise the problems and the importance of reducing the number of errors
- letters sent to primary care practitioners to inform/remind them of Trust blood sampling policy
- meetings aimed at understanding and tackling the problems with
  - WHHT directors and senior staff in the Women's & Neonatal division
  - Surgery & Anaesthetic staff
- attendance and input to Women's & Neonatal one-stop study days.

In addition, the TNS

- would like to encourage more midwives, especially those from the community, to attend her training sessions
- is keen to input to the work in progress to gain CNST Level 1 in maternity in 2005
- will be providing laminated notices to stick on to fridge doors in wards/units to remind staff about Trust policy relating to the use of blood bags.

The Pathology Service Manager recently conducted a spot check on specimen fridges used for storing blood bags, to ensure that bags are labelled and being stored appropriately: this exercise will be repeated in 2-4 weeks. Ward Sisters have been asked to check their fridges regularly.

Infection Control

A comprehensive Infection Control section was included in Clinical Indicators - Report 3, 6 May 2004.

This provides detailed textual and graphic information on both external and internal surveillance and developments within the Infection Control Team (ICT).

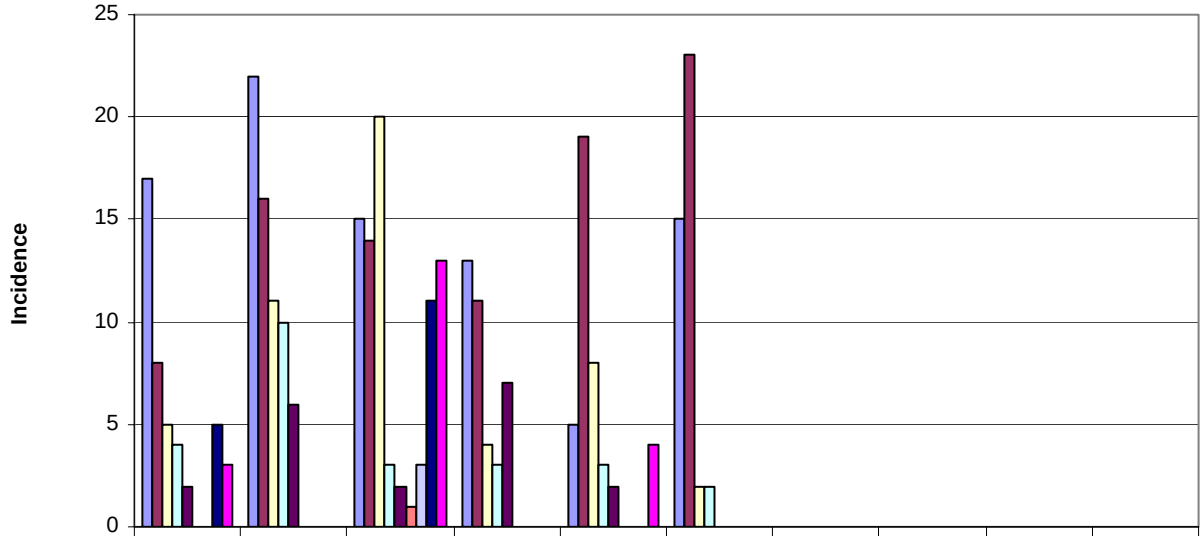
Recent involvement in work for Controls Assurance and Clinical Negligence Scheme for Trusts (CNST) has again highlighted the importance of infection prevention and control as an integral part of quality health care.

The principal infection control problems within the Trust continue to be Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile diarrhoea. These remain the nucleus of 'alert organism' surveillance.

Other developments within the ICT include:

- provision of service to Hertfordshire Partnership NHS Trust and parts of the four local Primary Care Trusts
- five policies (Clinical Waste, Isolation, Management of GRE patients, Management of Meningitis and Outbreak of Infection) have been ratified and are posted on the WHHT intranet.

Infection Control Q4 2004



	Aqu MRSA +		MRSA + O/A		C. Difficile		D&V susp viral		D&V susp viral/ staff	
	WGH	HHGH	WGH	HHGH	WGH	HHGH	WGH	HHGH	WGH	HHGH
Med	17	22	15	13	5	15	0	0	0	0
Elderly	8	16	14	11	19	23	0	0	0	0
Surgery	5	11	20	4	8	2	0	0	0	0
ITU/HDU	4	10	3	3	3	2	0	0	0	0
Ortho	2	6	2	7	2	0	0	0	0	0
Gynae	0	0	1	0	0	0	0	0	0	0
Paeds	0	0	3	0	0	0	0	0	0	0
Burns & Plastics	5	0	11	0	0	0	0	0	0	0
Oncology	3	0	13	0	4	0	0	0	0	0

Type of Infection

Research & Development

There is now a requirement under the Research Governance Framework for ‘agreement between research partners’. A suitable agreement for investigator-led research between collaborating NHS organisations has been prepared and has been well received.

Professor Gordon Rustin, R&D Lead in the Cancer Centre at MVH presented this at the national NCRN Gynaecological Cancer meeting recently and the document may be used as a National generic template.

Agenda Paper No: 69/04

West Hertfordshire Hospitals NHS
NHS Trust

From: David Law, Interim Chief Executive

To: Trust Board, 1st July 2004

Subject: Controls Assurance: Governance Standard
Corporate Governance Strategy

Action: For ratification

The attached document proposes the Trust's arrangements for compliance with the Controls Assurance Governance Strategy and the Board is asked to ratify the structure as presented.

West Hertfordshire Hospitals NHS
NHS Trust

FINAL DRAFT

Controls Assurance: Governance Standard

Corporate Governance Strategy

'Corporate Governance' in healthcare has recently been defined by the Audit Commission as '*The systems and processes by which health bodies lead, direct and control their functions, in order to achieve organisational objectives, and by which they relate to their partners and to the wider community'*.

Background

The need to ensure and to demonstrate effective governance arrangements in the United Kingdom originated in the private sector, due to concern over a series of corporate failures where inadequate governance measures were considered to be a contributory factor. Following publication of the Turnbull Committee Report on Internal Control (November 1999), HM Treasury considered how the provisions within the report could be adapted to the public sector.

All NHS organisations now need to provide assurances that effective systems of internal control are in place. Since 1997/98, all Chief Executives (CEs) of NHS Trusts and Health Authorities have been required, as accountable officers, to sign an assurance statement, on behalf of the Board, to assure their stakeholders about internal financial controls. In 1999, this responsibility was extended to the production of a controls assurance statement covering wider organisational controls including risk management (HSC 1999/123), leading to the introduction of the HM Treasury format Statement on Internal Control (SIC) in 2001/02 (CEs Bulletin 109 – March 2002).

In any organisation, prime responsibility for governance rests with the Board, although the Audit Committee also has a particular role to play in the evaluation process. The Trust Board must ascertain whether there is a sound system of governance and internal control that will allow the CE, on its behalf, to sign the annual statutory SIC. The system needs to identify risks relating to the achievement of objectives, including the duty of quality, and should be capable of evaluating the nature and extent of risks and of managing them efficiently, effectively and economically. Collectively, these assurances will enable the Department of Health (DoH) Accounting Officer to sign a combined Statement on behalf of the DoH and the NHS.

<u>The Key Principles</u>

To assist with this process, a set of high-level controls assurance standards was issued by the then NHS Executive. Compliance with the standards is mandatory as they are vital in providing an efficient and effective service.

A framework for developing controls assurance standards has been published, with the aim of delivering assurances to stakeholders in relation to meeting an organisation's objectives. The desired outcome, *in any area of activity* can be obtained by:

a) establishing an **accountability** framework within which the internal control system operates and which encompasses management structures and practices (leadership, committees, reporting arrangements, policies, strategies etc)
b) ensuring that core **processes** (to include risk management) required to produce the desired outcomes are in place
c) having the necessary **capability** (leadership, knowledgeable and skilled staff, adequate financial and physical resources) to ensure that the processes and internal controls work effectively
d) having continuous **monitoring** and **review** (by management and the Board) of the system for internal control, to ensure that it is working properly and to learn and where necessary improve the accountability arrangements, process or capability in order to deliver better outcomes
e) ensuring effective **communication** and **consultation** at all levels within the organisation and with external stakeholders
f) the Board obtaining sufficient **independent** and objective **assurance** as to the robustness of its processes in key areas.

Aim

At West Hertfordshire Hospitals NHS Trust (WHHT), the Board will aim to ensure that the organisation consistently follows the principles of good governance applicable to NHS organisations.

The WHHT Approach

The necessary systems and processes to ensure that the organisation can achieve its objectives and meet the necessary standards of accountability, probity and openness must be established, maintained and monitored. The annual Controls Assurance exercise provides the assessment and monitoring tool. Compliance with the twenty two Controls Assurance standards is mandatory for all NHS organisations.

Governance is one of three core standards (the other two being Finance and Risk) for which compliance by 31 March 2004 was required. The Governance Standard (number 9) covers aspects of both corporate and clinical governance (addressed in a separate strategy which was ratified by the Clinical Governance Committee on 18 November 2003). This Standard is principally concerned with ensuring that all NHS organisations have the basic building blocks in place for good governance through development and implementation of a comprehensive system of internal control. It contains key criteria and supporting guidance to assist Boards to establish whether they have such a system based on the principles of best corporate governance and provides the minimum to assist the organisation's Board, through it's CE, to sign the annual Statutory Statement on Internal Control (SIC).

To prove that there is a robust system of corporate governance at WHHT, evidence must be produced to demonstrate compliance with the seven criteria contained within the Governance Standard. The index of governance criteria is presented in Appendix 1.

Roles and Responsibilities

Prime responsibility for governance rests with the Board. The Board must produce the Assurance Framework that provides Members with a mechanism for identifying and understanding its principle risks and the key controls required to manage those risks to achieving the principal objectives. In addition, it provides evidence required for the SIC to

demonstrate that the Board is properly informed through assurances about the totality of risks and have made decisions based on all the evidence presented. There are also other specific requirements relating to the Board e.g. signed statements that Members subscribe to the Code of Conduct.

The overall management responsibility for Controls Assurance, on behalf of the WHHT Board and the CE lies with the Director of Nursing, Midwifery, Quality & Risk, who shares the lead for the Governance Standard with the Medical Director. The Trust Risk Manager is currently managing the delivery of the annual Controls Assurance exercise. The chart in Appendix 2 indicates how the responsibilities for the Governance Standard are allocated, with reference to the Trust risk management structure. Each standard has a nominated lead at Director level and a co-ordinator: the table of responsibilities is included as Appendix 3.

A Controls Assurance Forum, chaired by the Trust Risk Manager and meeting bi-monthly, has been established to encourage the co-ordinators to share problems and best practice, and to help to achieve some degree of consistency across the various standards. The co-ordinators of the three core standards meet more frequently to give the greatest possible opportunity for achieving the necessary compliance.

Relevant Trust staff liaise with the Internal Auditor and colleagues from the Strategic Health Authority, sharing experiences, advice and expertise.

Monitoring and Reporting

The WHHT Executive Team has agreed an in-house reporting timetable to ensure that the Trust is able to meet national deadlines for annual returns and receives regular reports on progress against plan and degree of compliance. Reporting on controls assurance is also included on Risk Management and Clinical Governance Committees agendas.

The recent introduction of Reporting on Controls Assurance (ROCA), an NHS-wide risk management and controls assurance database system will allow electronic reporting of the scores. It provides reporting functions to evidence the NHS system of internal control with analysis and monitoring capability. The system is designed to reduce the burden on the NHS in reporting controls assurance datasets to meet the CHI/CHAI/Healthcare Commission timescales for Performance Indicator publication.

APPENDIX 1

Controls Assurance: **Governance Standard**

The Board ensures that the organisation consistently follows the principles of good governance applicable to NHS organisations.

Index of Governance Criteria:

Criterion 1:
There are clear accountability arrangements in place throughout the organisation

Criterion 2:
The Board identifies the needs of stakeholders on an ongoing basis and determines a set of key objectives and outcomes for meeting these needs, including how it meets its duty of quality

Criterion 3:
The Board ensures that there are proper processes in place to meet the organisation's objectives and secure delivery of outcomes

Criterion 4:
The organisation is capable of meeting its objectives and delivering appropriate outcomes

Criterion 5:
The organisation learns and improves its performance through continuous monitoring and review of the systems and processes in place for meeting its objectives and delivering appropriate outcomes

Criterion 6:
The Board ensures that there are proper and independent assurances given on the soundness and effectiveness of the systems and processes in place for meeting its objectives and delivering appropriate outcomes

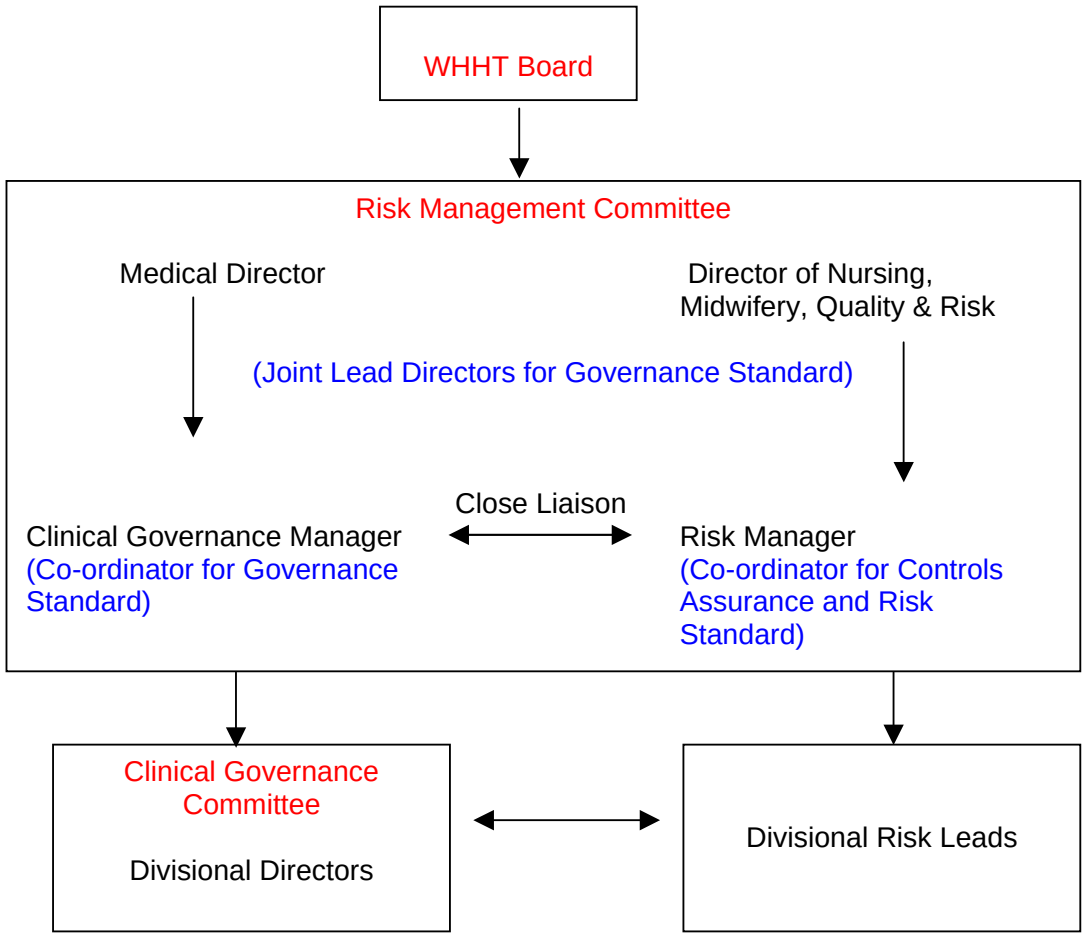
Criterion 7:
The Board can demonstrate that it has done its reasonable best to achieve the objectives and outcomes, including maintenance of a sound and effective system of internal control.

APPENDIX 2

Controls Assurance: Governance Standard

Chart to indicate

Responsibilities for Controls Assurance Governance Standard



APPENDIX 3

CONTROLS ASSURANCE - STANDARD LEADS
Updated February 2004
(To Be Confirmed denotes recent leaver)

No	Title	Abbrvn	Lead Director	Manager(s) Responsible (* = Lead Person)
1.	Buildings, Land, Plant & non medical Equipment.	BU	David Law	*Mike Hudders Kyle McClelland
2.	Catering & Food Hygiene	CA	Nigel Coomber	* Terry Williams
3.	Decontamination of re-useable medical devices	DE	Howard Borkett-Jones	* Gillian Savage TBC
4.	Emergency Planning	EM	Howard Borkett-Jones	* Simon Green
5.	Environmental management	EN	Nigel Coomber David Law	*Phil Child
6.	Financial Management	FI	Vince Doherty	* Tony Bettridge
7.	Fire Safety	FS	David Law	* TBC
8.	Fleet and Transport Management	TR	Nigel Coomber	* Wendy Glendinning-Plews
9.	Governance	GO	Howard Borkett-Jones Gary Etheridge	*Celia Richards Nicola Moore
10.	Health & Safety Management	HS	Rob Allan	* Division Risk Leads
11.	Human Resources	HU	Rob Allan	* Rob Allan * Sue Whiterod * Suzanne Emerson
12.	Infection Control	IN	Howard Borkett-Jones	* Jiovanna Foley Robin Wiggins
13.	IM&T	IT	Vince Doherty	* June Dodds
14.	Management of Purchasing & Supply	PS	Vince Doherty	* TBC
15.	Medical Devices Management	MD	Howard Borkett-Jones	* Ian Brooks
16.	Medicines Management	MM	Howard Borkett-Jones	* Joan Craig
17	Professional & Advice Services	PR	Vince Doherty	* TBC
18.	Records Management	RE	Howard Borkett-Jones	* Anne Reilly
19.	Risk Management	RI	Gary Etheridge	*Nicola Moore
20.	Security Management	SE	Rob Allan	* Paul Mosley
21.	Waste Management	WA	Nigel Coomber	* Terry Williams
22.	Research Governance		Howard Borkett-Jones	*Celia Richards

Agenda Item No 70 /04

West Hertfordshire Hospitals NHS
NHS Trust

Audit Committee

Held on Friday, 6th February, 2004
At 10.00 am in the Executive Meeting Room at Watford General Hospital

Those Present:

Martin Saunders (MS)	Chairman – Non Executive Director
Robin Douglas (RD)	Non Executive Director
Ailsa Bernard (AB)	Non Executive Director

In attendance:

Vince Doherty	Acting Director of Finance
Tony Bettridge (TB)	Financial Controller
Dorothy Murphy (DM)	Secretary to the Committee

Auditors:

Kay Storey (KS)	Audit Commission
Paul Hyatt (PH)	Audit Commission
Doug Freeman (DF)	PS Audit Services Ltd

1.	Welcome and Apologies The Committee welcomed Martin Saunders, new Chairman, and Vince Doherty, Acting Director of Finance. There were no apologies.	Action
2.	Minutes The Minutes of the meeting held on 7th November were agreed.	
3.	Matters Arising *3.1 Acute Trust Portfolio, Action Plan Update* - VD has spoken to NC who says he has produced an Action Plan but needs to liaise with the Audit Commission in order to complete the work. *3.2 Audit Committee Induction Pack* - VD to produce Induction Pack for new non-executives. TB produced amended Terms of Reference which will be presented to the Board. *3.3 Day Surgery Benchmarking data* - KS confirmed that the AC had been asked to carry out a benchmarking exercise. John Pears (AC) will undertake. *3.4 Draft Charitable Funds Reserve Policy* - DF confirmed IA are happy with the policy.	 VD AC

	3.5 Procurement Report - Has been presented to the Supply Board. VD to establish what plans there are to merge our Supply Board with the London Region. To be put on next agenda.	VD
4.	A & E Action Plan – Final Update SG called away before he was able to give an update. To be invited to next meeting.	TB
5.	Statement on Internal Control 2003/04 VD said the Trust must sign the statement agreeing that controls are in place. The statement will appear in the annual accounts. MS requested a draft statement to be brought to the next meeting. Also, draft statement re Risk to be brought to the next meeting.	VD
6.	Internal Audit DF presented the IA progress report to January 2004. Four completed audit reports have been issued since the last meeting. Queries arising from some of the reports were as follows: *Report No. 10 – Income Debtors* Report issued and implementation of suggestions agreed. *Report No. 11 – Income Collection – Staff Parking Fees* TB to investigate whether procedure in place to flag up when member of staff leaves to ensure parking permit is returned. *Report No. 12 – Payroll Processing* VD was concerned about the number of forms, ie. Starter, leaver, change of circumstances, being submitted without the correct signature/s, resulting, in some cases, in high levels of overpayments being made. VD to liaise with DF. *Report No.13 – Control of Mobile Phones* IA expressed concern about the control and repossession of mobile phones, when staff members leave the Trust. RD asked what procedures were in place to ensure we reclaim all phones. VD asked DF when the Financial Reporting and Budgetary Control report would commence. DF said there were plans for this to commence in the next week or so. DF to bring the Audit Plan to the next meeting. *Controls Assurance* DF said he had been asked to suspend the audit. MS expressed concern that audits could be suspended without first being referred to this committee. VD said it was important we complete the work and will probably need more days to complete. VD to speak to GE. *Counter Fraud Services* It was decided it was not necessary for a presentation to be made to the Board. A short note could be included in the annual accounts.	TB VD/DF DF VD

	Capital Audit Follow-up To follow last year's work.	
7.	External Audit (i) The new District Auditor, Rob Murray, to be appointed in March. (ii) The Health Economy Report – Completed. Action Plan to be led by the StHA. VH to be consulted on input. (iii) Annual Audit Letter Update – KS presented the latest version of the Annual Audit Letter. VD and MS pointed out several inaccuracies and KS agreed to change where required and return the amended Letter.	KS
8.	Declaration of Interests Register extract noted.	
9.	Hospitality/Gifts Register extract noted. Amendment to policy to include corporate gifts.	TB
10.	Tender/Quotations Waivers Extract from register noted.	
11.	Trust Seal Register Summary Noted	
12.	Losses & Compensations Schedule Noted. TB reported that the Risk Manager was reviewing the Compensation Policy as part of the Controls Assurance process.	
13.	Any Other Business There was no other business	
14.	Dates of Future Meetings Friday 7th May 2004 – Executive Meeting Room, WGH Friday 30th July 2004 – Normandy Court, HH Friday 5th November 2004 – Normandy Court, HH All meetings to commence at 10.00 am	

Agenda Item No. 71/04

West Hertfordshire Hospitals NHS
NHS Trust

Charitable Funds Committee

Held on Friday 6th February at 9.00 am in the Executive Meeting Room at Watford General Hospital

Those Present:

Martin Saunders (MS)	Chairman - Non-Executive Director
Said Namdarkhan (SN	Non-Executive Director
Ailsa Bernard (AB)	Non-Executive Director

***In attendance*:**

Vince Doherty (VD)	Director of Finance
Tony Bettridge (TB)	Financial Controller
Dorothy Murphy (DM)	Secretary to the Committee

1.	**Welcome** The Committee welcomed the new Chairman Martin Saunders and Acting Finance Director, Vince Doherty.	**Action**
2.	**Apologies for Absence** None	
3.	**Matters Arising** None	
4.	**Minutes of Last Meeting** Approved	
5.	**Financial Report** TB presented the Financial Report. MS questioned whether it was necessary to produce a full report for each meeting and suggested we only do so every six months – May and November – when the meetings are attended by a representative of Carr, Sheppards Crosthwaite.	
6.	**Unauthorised Funds Holdings Follow-up** Martin Herd has sent a memo to all managers/clinical directors/budgets holders re unauthorised funds holdings. There are still some funds at MVH. DF has met with Prof. Saunders who has said the funds currently received by the Trust will follow her to her new employment at UCLH. Funds held by her in the separately registered Marie Curie Research are to be discussed further MS said we should get a response from all recipients of MH's memo	

	ensuring their understanding of Trust policy. MS also said we should approach RA to see if a paragraph could be inserted in the contract of employment to explain the Trust position in respect of charitable funds. VD to look at the Trust Policies.	**VD**
7.	**Reserves Policy** Agreed at last meeting. Auditors to approve at Audit Committee	
8.	**Schedule of new Salaries charged to charitable Funds** Three entries: - one - new position as Fundraiser - two - variations in existing contracts This is the last year that accounting schedules will be produced in NHS format. Next year we will use the Charities Commission format. MS initialled schedule. MS requested a schedule of all salaries charged to charitable funds be submitted to the next meeting in May.	**TB**
9.	**Appointment of Trust Fundraiser** The Trust Fundraiser, Mankit Yau, is now in post. Mankit to be invited to attend the next meeting and produce a report on strategy and progress.	**VD**
10.	**Retirement Grants** TB reported a total of £14K retirement grants had been paid out of general funds this year.	
11.	**Any Other Business** TB reported a donation of £10K had been given to HHGH. TB reported a request he had had from the Facilities Manager for £3.5K from charitable funds to cover items already purchased. It was decided that VD would investigate who originally authorised this spend and report back.	**VD**
12.	**Dates of Future meetings** As previously advised: Friday 7th May 2004 - Executive Meeting Room, WGH Friday 30th July 2004 Friday 5th November 2004 All meetings to commence at 9.00 am. a	

Agenda Item No: 72/04
i

Hertfordshire NHS Supply Management Confederation

Wednesday 17th December 2003

Minutes of Supply Board

Present:

Robin Douglas	Non-Executive Director, West Hertfordshire Hospitals
Martin Herd	Finance Director, West Hertfordshire Hospitals NHS Trust
Nick Gerrard	Finance Director, East & North Hertfordshire
John Jones	Finance Director, Hertfordshire Partnership Trust
Stephen Graham	Director of Supply, HSMC

In attendance:

Elena Terraneau	PA to Director of Supply, HSMC

1. Apologies

Stephen Brooker, Non-Executive Director, East & North Hertfordshire
Kevin Gaffney, Finance Director, Watford & Three Rivers Primary Care Trust
Helena Fuller, Business Development Manager, Purchasing and Supply Agency

2. Minutes of the last meeting

The minutes were agreed as a correct record.

3. Matters arising (not covered elsewhere on the agenda)

3.1 Robin Douglas was welcomed to the Supply Board to replace Neil Marshall, and was appointed as Chairman.

3.2 Comments on the five-year vision statement were received from members. A final version should be produced for the next Supply Board.

Action: SG

3.3 The Audit Commission report has been received and the resulting action plan will be presented to the next Supply Board.

Action: SG

3.4 Stephen Graham notified the Board of his resignation to take up a similar position across North Central London HA. Arrangements for appointing a new Director of Supply will be agreed on 5th January 2004.

Action: SG/NG/MH/JJ

4. Financial position, performance and activity

Progress was noted. It was noted that:

4.1 HSMC is currently forecasting an over spend of around £25,000 for the year-end.

4.2 It was agreed that despite the introduction of accommodation charges, HSMC should remain at Tonman House. FD's will discuss with the SHA Finance Director to identify ways of reducing or eliminating this charge.

Action: MH/NG

4.3 The Investment Proposal was generally accepted but should be revised to apportion the additional investment across member trusts. In particular, the additional investment should be separated into:

- Funding required to strengthen the HSMC team
- Funding required due to increased operational activity
- Funding required to deliver increased savings.

Action: SG

4.4 A meeting will be held on 5th January 2004 to finalise the investment proposal.

Action: SG/NG/MH/JJ

4.5 The KPI's should be aligned to the National Performance Indicators.

Action: SG

4.6 A narrative report should accompany the KPI's.

Action: SG

4.7 The Director of Supply advised the Board that the HSMC savings target would not be met, due principally due to increased purchasing activity arising from capital programmes. A total of £1.2m of savings is expected by the year-end.

5. Organisational Developments

Progress was noted. It was agreed that:

5.1 The revised set of SO/SFIs should be implemented from 1st January 2004, pending formal submission by Finance Directors to the acute trust boards.

Action: SG/NG/MH

5.2 An education programme on the process for obtaining competitive tenders and quotation should be rolled out to Budget Holders, Service Managers, General Managers and Directors.

Action: SG

5.3 Following receipt of the competency assessment report across staff engaged on operational supply activity in Supplies, Pharmacy, Estates and Pathology, a plan for staff training and development should be created to fit within existing acute trust training services.

Action: SG

5.4 The Workforce Development Confederation should be approached for funding regarding the additional training requirements.

Action: SG

6. Supply Chain Developments

Progress was noted. It was agreed that:

6.1 A purchasing card should be kept in Supplies for HPT orders.

Action: SG/JJ

6.2 Estates at WHHT will implement purchasing cards

Action: SG/MH

6.3 The non-stock Supplies team should be centralised, subject to the formal staff consultation procedures, and subject to remote connection to the ENHT finance systems. It was noted that the St Albans City Hospital office represented the only possible location at present.

Action: SG/MH

7. Purchasing Developments

It was agreed that:

7.1 Analysis is required of the 'other' category within the trust expenditure categories.

Action: SG

7.2 The proposed interim staffing arrangements were agreed, with further discussion around recruitment to take place on 5th January 2004.

Action: SG/NG/MH/JJ

8. Strategic Developments

Progress was noted. It was agreed that:

8.1 Problems regarding e-req at ENHT should be highlighted with IM&T department.

Action: SG/NG

8.2 IM&T department should be integrated with training for e-req and logistics on-line.

Action: SG

9. Next meeting

Wednesday, 25th February 2004 from 09.30am to 11.30am at Tonman House.
Please advise by 9th January 2004 if this is not convenient.

10. Other business

It was noted that:

10.1 Members expressed thanks to Stephen Graham for his contribution in establishing and leading HSMC and gave their best wishes in his new role.

10.2 Elena Terraneau will to continue to be Secretary to the Supply Board until a replacement Graduate Trainee is recruited later in 2004.