
Public Board Meeting, 18th December 2008

Acute and Emergency Services at Watford

Presented by: Lindsay MacIntyre, Director of Implementation

1. Board Report

The purpose of this report is to update the Board on progress with the centralisation of acute and emergency services at Watford

2. Construction

- All clinical areas with the exception of Phase 2 of the Children's Emergency department will be completed by the end of the calendar year
 - The Phase 2 of children's emergency (a dedicated paediatric resus area) will be completed mid February 2009.
 - The final work to include the front of house is scheduled to conclude in March 2009.
 - Final snagging of the AAU is in progress.
 - The pharmacy robot and X-Ray machines are being installed. The CT scanner is due next week and the cardiac catheter laboratories are due for installation in January.
 - The cladding to the front of the building is to be changed due to faults in the materials. This is to commence next week and is scheduled to be completed before the transfer of patients commences.
 - Solutions have been identified for outstanding electrical infrastructure problems that will ensure the site will be ready for the transfer of patients and services in the New Year.
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- There is a continuing issue with the implementation of the changed pathology model – review of proposal now planned.

3 Medical Workforce

- Hospital at Night – 1st phase of work commissioned with Hay Consulting, preparing the Trust for project implementation from Jan onwards. Project team set up and event being planned for 14 January 09.
- Visits to Trusts that have implemented successfully are being set up.

- Hospital at Night will be implemented prior to August 2009.
- Project manager post being advertised at present. Plan to have project lead in post by Jan/Feb 09.

Recruitment activity and monitoring

- Weekly monitoring is underway of recruitment activity against leavers
- Nurse staffing levels problematic at present particularly at HHGH. Efforts underway to increase bank and agency levels.

4. Transition planning

A detailed transition plan has been developed with involvement from the PCT and the Ambulance trust. This has been widely consulted on throughout the Trust and has strong commitment from clinicians and managers.

The transfer of services will be phased beginning in early February and concluding in mid March.

A comprehensive risk assessment and contingency plans are being finalised and costed.

5. Risk Assessment

The Project Risk Register on Datix as at 3rd December 2008 currently holds a total of 50 open risks, a decrease of 5 since 13th November 2008.

Risk by Review Date

Integral to Datix is the requirement for each risk to be assigned a review date to ensure appropriate monitoring, mitigation and assurance. The Programme Risk Lead is continually communicating with risk owners to ensure timely review and update. The leads for the risks outside review date have been contacted and the number will decrease.

Date	No. of Risks Outside Review Date
3 rd December 2008	9
13 th November 2008	7
30 th October 2008	3
20 th October 2008	4
8 th October 2008	10
24 th September 2008	18
19 th September 2008	34
12 th September 2008	50

Risks by Risk Score

The table below illustrates the number of risks by Current Risk Score.

Risk Score	12/9/08	19/9/08	29/9/08	8/10/08	20/10/08	30/10/08	13/11/08	3/12/08
25	1	1	0	1	1	1	1	0
20	5	3	1	1	1	1	1	2
16	10	9	5	3	5	5	6	5
15	10	6	8	5	4	4	4	2
12	23	19	11	12	14	15	15	13
10	3	3	4	1	1	1	1	1
9	4	8	7	8	8	12	11	12
8	4	6	8	8	9	7	5	3
6	3	2	4	6	6	5	5	4
4	4	4	0	0	0	1	2	4
3	1	1	1	1	2	2	4	4
Total	68	64	49	46 (+ one unscored)	51	54	55	50

A score of 25 is the maximum and we are aiming to have all risks below 12 by the end of December. The number of risks that have a rating greater than 12 has reduced since the last report to 9 (4.5%) from that reported on 13th November 12 (7%). The Programme Board continue to monitor performance in this regard with an aim of further reducing this number.

1 Risk has had the scoring escalated as follows:

Risk Register No.	Risk	Opened Date	Previous Risk Score	Current Risk Score	Initial Risk Score
1742	Risk: Difficulty in obtaining bank and locum staff to help maintain services at optimum level Cause: Service reconfiguration, transition to WGH and staff loss Consequence: In ability to run safe and efficient services.	21/08/2008	12	16	12

The following risks score greater than 12 and every effort should be made to mitigate:

Risk Register No.	Risk Description	Current Risk Score	Initial Risk Score	Opened Date	
1581	Unable to deliver pathology service*	20	20	30/06/2008	
1578	Pharmacy Technical Services unit not in place and fully operational when AAU opens	20	20	30/06/2008	
1742	Difficulty in obtaining bank and locum staff to help maintain services at optimum level	16	12	21/08/2008	
1701	Availability of Medical Records	16	16	13/08/2008	
1704	Staff loss	16	16	13/08/2008	
1604	Workforce - inadequate numbers of suitably skilled staff in place to safely deliver the service at Watford and Hemel Hospital	16	20	30/06/2008	
1735	Staff not in post in time for operational commissioning training and service delivery	15	12	20/08/2008	
1813	MRI WGH not available	15	12	15/10/2008	iels

* Denotes the need for a contingency plan

All contingency plans have now been received with the exception of Pathology where it has been agreed that this will be produced in December after completion of building works and more progress has been made on the staff side. The project team are satisfied with the contingency plans. Detail can be provided at the board if required.

6. Finance

Capital

The forecast outturn of a £93,000 under spend against the revised financial position presented previously is still the position

7. Gateway review

In accordance with the Office of Government Commerce guidance a Department of Health Gateway Review Team conducted a Gateway 4 review in November to assess readiness for implementation. The recommendations are attached to this report. In summary the review team were satisfied with the progress the trust has made towards implementation of the transfer of acute services to Watford and noted some areas of good practice. In particular they commended the progress with HR, risk management and benefits realisation.

Lindsay Macintyre
Director of Implementation