

**TRUST BOARD MEETING
THURSDAY 29 NOVEMBER 2012**

PART 1 Item 6/12

CHIEF EXECUTIVE'S REPORT

Performance issues

The performance reports covering the month of October (Month 7) are included on the agenda as usual. Overall, we are operating at the cusp of 'Performing' year to date but without significant attention this position will not be maintained.

The four areas of concern remain: namely A&E, 18 weeks admitted RTT, infection and finance.

A&E

The Trust failed to deliver a maximum waiting time from arrival to admission or discharge of 4 hours for more than 95% of patients in the months of August, September and October. The year to date position is currently 95.1%. This is not a robust position to be in prior to the winter months. The Board is very aware of the actions in train to improve delivery against this national standard. These include implementing the recommendations of the Emergency Care Intensive Support Team (ECIST), improvement in the management of ward rounds, the new ambulatory care model in medicine and partnership work with the Hertfordshire Community Trust and others.

The building of the additional 34 beds will be complete at the end of December and the two wards plan to be operational in the third week of January 2013.

Referral to Treatment, (18 weeks)

The Trust is expected to deliver an overall performance of 90% of admitted patients and 95% of non admitted patients. For the first time in many months the Trust failed to deliver on the admitted standard. There are four specialities that are currently challenged, orthopaedics, ENT, urology and ophthalmology. The Trust submitted a detailed recovery plan to the PCT at the beginning of October which indicates that these specialities will be back on track by the end of this month. It is worth noting the increase in referrals to ophthalmology following the restrictions currently in place at the Surgicenter. It is also possible that there will be an increase in orthopaedic referrals now that the CQC have stopped the Surgicenter doing some orthopaedic work this month.

Infection

The Board will be updated in detail regarding progress against the Trust action plan to manage the increased numbers of C Diff at WHHT this year. Our priority is to reduce the risk to patients by delivering on this action plan, our engagement with the Health Protection Agency, Public Health and our staff.

Finance

The Board will be aware that September identified a reduction in surplus from £1.8m to £0.7m and although progress had been made in identifying green schemes for Getting Better, savings delivered were below plan. In addition recovery plans for 18 weeks and Emergency Performance forecast a significant spend required to get performance back on

track and the Trust was made aware of the potential fine for exceeding the target for C Difficile.

Significant progress has been made by Anna, Chris and Guy Musson to present a financial recovery plan that supports recovery of the operational performance.

Discussions with the Director of Commissioning and the Director of Finance at the CCG are taking place to agree an approach to this year's contract that is supportive.

Health Scrutiny Committee

The Director of Partnerships, Interim Director of Nursing, Director of Communications and I were pleased to attend a meeting of the Hertfordshire Health Scrutiny Committee on the 18th October 2012 to provide an update on the Trust's progress this year and the challenges facing us.

Board Development Session

I was delighted that the newly appointed Associate Medical Director IM&T, Dr David Gaunt and the Associate Director IM&T (Interim), Lisa Emery were able to join the Board to present the next steps in taking forward the Trust strategy. The plans provide robust milestones and recognise good practice from other NHS Providers who are ahead of WHHT in their delivery of clinical IT solutions.

Vascular Bid

In March 2011 the Midlands and East Specialised Commissioning Group (M&E SCG) led the work necessary to establish joint emergency and elective vascular surgery networks in order to improve outcomes and implement best practice. As a result of this work four networks are either already established or in a position to move forward with implementation.

In Hertfordshire and Essex, the East of England Operational Oversight Group has approved a further period of extended engagement before recommendations and subsequent decisions on final configurations can be made.

The SCG Vascular Project Board has commenced a piece of work across both Essex and Hertfordshire to consider all options relating to the provision of Vascular services across the two counties. It is the role of the SCG Vascular Project Board to oversee the designation of effective joint emergency and elective vascular surgery networks across the East of England and also the implementation of the agreed network arrangements.

The Trust has been asked to provide additional supporting information to inform the options appraisal that will now take place. This exercise will identify local service issues, including the vascular support required for interdependent services, including renal, stroke and cardiac services.

It is intended that the options appraisal for the reconfiguration of vascular services in Hertfordshire and Essex will be finalised and a preferred option or options for consultation will be completed by 30th November 2012.

Winter Plan

The Trust was required to submit its winter plan to the PCT who have amalgamated it into a Hertfordshire plan. The plan is very much the same as last year and relates specifically to escalation procedures. Situation reporting commenced last Monday.

Partner appointments

HealthWatch

The recent NHS Act set out a framework to establish a new consumer champion for health and adult social care in England: HealthWatch which launched in October 2012. HealthWatch Hertfordshire is one of 75 national pathfinder areas and the Director for Partnerships has held a welcome meeting with the new chief executive, Geoff Brown.

NHS Commissioning Board

Jane Halpin has been appointed Director of the Local Area Team of the NHS Commissioning Board (NHSCB). The area is called Hertfordshire and the South Midlands and covers Hertfordshire, Bedfordshire, Luton, Northamptonshire and Milton Keynes. Local Area Teams have responsibilities that include: overseeing CCG development and authorisation; commissioning primary care; emergency planning and response; quality and safety; system oversight; and major configuration.

The four regions and 27 Local Area Teams became operational on 1 October a number of key senior appointments have been made, including:

- Director of Nursing & Quality – Heather Moulder (from NHS Hertfordshire)
- Director of Finance – Chris Ford (from Beds & Luton PCT Cluster)
- Medical Director – Dr Sarah Whiteman (from Northants & Milton Keynes PCT Cluster)
- Director of Commissioning – Beverley Flowers (from NHS Hertfordshire)
- Director of Operations – not yet filled.

Clinical Commissioning Groups (CCGs)

Lesley Watts was appointed to the leadership role of Accountable Officer for **East and North Hertfordshire CCG** and Alan Pond has been appointed as Chief Finance Officer. It is expected that the CCG will be assessed as having demonstrated that it meets the authorisation criteria, and will therefore become a statutory commissioning body from April 2013.

Herts Valleys Clinical Commissioning Group (HVCCG) have appointed Russ Platt to their Accountable Officer post and their application for authorisation was submitted early in September, with their authorisation visit due at the end of October.

Hertfordshire Integrated Commissioning Support (HCIS)

HICS is the new organisation that has been developed to provide services to the CCGs – services that manage and deliver the CCGs' commissioning decisions. HICS submitted its full business plan to the Department of Health at the end of August and this will be formally assessed in the coming weeks. The plan describes the scope of the services that HICS offers its CCG customers. The portfolio of services is wide-ranging and includes, for example: management of contracts with providers, such as hospital trusts; medicines management, continuing care placements, ICT and communications and engagement. HICS has a new Managing Director – David Stout- who joined at the start of this month. He is also the MD of the Commissioning Support Service in Essex, although the Hertfordshire and Essex organisations remain separate bodies.

Health Service Journal Awards

At the time of writing this report the Health Service Journal Awards Ceremony has not happened so I do not know if we are winners, but at the Board meeting itself we will!! At this time I think it is just wonderful to note the achievement of the staff to have been shortlisted for the "Staff Engagement" award.

Natalie Forrest
Interim Chief Executive
12 November 2012