

TRUST BOARD MEETING Thursday 31 January 2013

PART 1

CHIEF EXECUTIVE'S REPORT

Performance issues

The performance reports covering the month of December (Month 9) are included on the agenda as usual. The Board will know that performance has been challenged across a number of measures and in my last report I described significant action required to improve and maintain a position of delivery. I am pleased to report that although not yet embedded, changes in our systems and processes are delivering improved performance.

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

A&E

The Trust has failed to deliver a maximum waiting time from arrival to admission or discharge of 4 hours for more than 95% of patients for Q2 and Q3. The year to date position is currently 93.6%, a deteriorated position since my last report. This data includes the very difficult period over Christmas and New Year where the combination of bank holidays and weekends puts the Trust under additional pressure. The Board is very aware of the actions in train to improve delivery against this national standard, progress is being made and early indications are that performance is improving.

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. In October I reported that for the first time in many months the Trust failed to deliver on the admitted standard and that a number of specialties were below target. Although there remain some improvements to be made in the systems, process and leadership in place to manage RTT, I am pleased to report that the Trust overall performance for RTT in November and December was above 90%.

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. Although I remain disappointed that we have now exceeded our ceiling for C Diff with 34 cases I am very reassured that the actions taken by the DIPC are robust. The infection control team and our staff have brought our numbers of cases for November, December and at the time of writing this report, January, to below the monthly target. Everything that can be done to maintain patient safety is in place including a repeat of the industrial deep clean of the AAU.

Finance

In December the Trust had a deficit of £1.6m. A deficit in December was expected due to activity and income dropping in the month, with only limited changes in expenditure. December income was £2m less than income in November. The cumulative position for the 9 month period is a marginal surplus of £25k.

Actual savings from GB schemes to the end of December were £5.4m. The year end forecast is now £10m.

Myself and Anna Anderson met with Steve Clarke at the beginning of January to present the Trust recovery plan and discuss options for 2013/14.

Discussions between us and the new Director of Finance at the CCG are taking place to agree an approach to this year's contract; there is no indication at this time of the impact of potential fines for not delivering on performance standards.

Capacity and Ward Reconfiguration

I am pleased to report that the new White Suite is now fully open and providing an excellent environment for acute patient care. This has enabled the closure of the Vanguard Unit that was opened as a temporary solution in July 2012.

The opening of the White Suite has facilitated a change of purpose for Letchmore Ward. This ward was previously an infection control/ medical ward and was located on level 5 of PMOK adjacent to our surgical wards. Letchmore is now a surgical ward; this change will improve the co location of surgical patients across the Watford site, improve the efficiency of surgical teams and is a precursor to the implementation of an Emergency Surgical Ambulatory Care Unit.

Transforming Pathology Services

NHS Midlands and East (the SHA) has now publicly announced that the pathology consortium, TPP, has been awarded preferred bidder status for the largest territory in the East of England. This announcement is the first step in a transformation process which will commence early in the New Year.

Winter Pressure Funding

The Trust was asked to submit a bid for additional funding on 2nd January 2013. This bid was submitted in partnership with the CCG, HCT and ACS. Early indications are that we will be allocated approx a third of our request.

Partner appointments

Herts Valleys Clinical Commissioning Group (HVCCG)

Since my last report there have been significant changes in the leadership of HVCCG. The CCG has appointed Nicola Bell as interim Accountable Officer and Alan Warren as their new Director of Finance, both of who are working very closely with the Trust. The CCG continues to work towards authorisation.

East of England Ambulance NHS Trust

The ambulance service has appointed Andrew Morgan as interim Chief Executive. Andrew Morgan comes from NHS Norfolk and Waveney, where he was CEO. The Ambulance service continues with its plans to be an FT.

Snow

It is unlikely that we will see the rest of the winter through without more snow! However, I would like to take the opportunity to thank all of our staff who ensured that services to patients were not disrupted during the snow and that all our three sites were safe and ice free, they all did an amazing job.

Natalie Forrest
Interim Chief Executive
21 January 2013