



East and North Hertfordshire **NHS**
NHS Trust

Annual general meeting 2008/09



Lister education centre
17 September 2009

Welcome

- Opening remarks – Richard Beazley, chairman
- 2008/09 performance review – Nick Carver, chief executive and Paul Traynor, finance director
- Medical review, inc. clinical presentations – James Quinn, medical director and clinical colleagues
- Our changing hospitals – Nick Carver
- Questions and closing remarks – Richard Beazley, chairman



2008/09 performance review

❖ **Nick Carver,**
chief executive

❖ **Paul Traynor,**
finance director



Building a sound financial base

2008/09 performance – achievement of key targets

- £2.1m surplus delivered (£2.0m target)
- £7.8m capital investment (£7.8m target)
- Cash flow managed positively and appropriately

“The Trust achieved its planned control total of £2.0m surplus, demonstrating the Trust’s continued strong financial management”

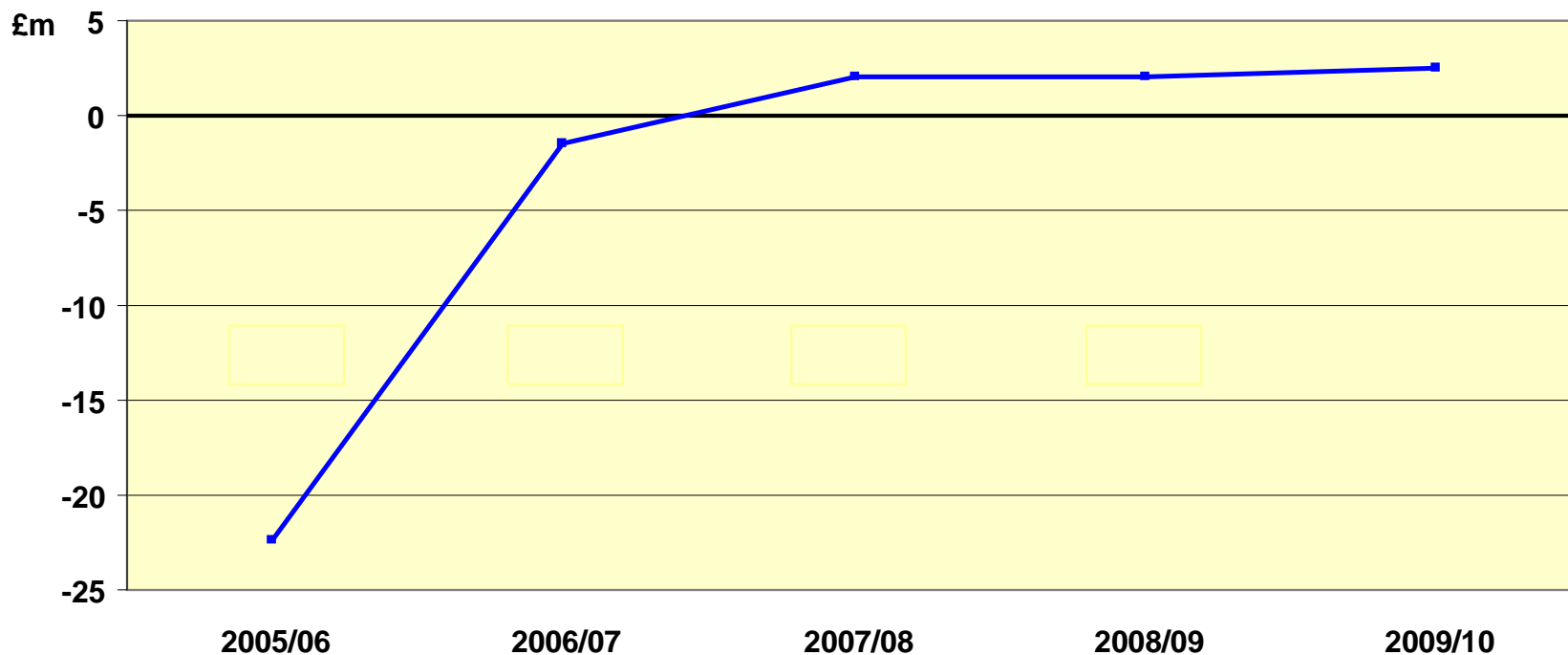
External auditors, 2009



Building a sound financial base

Track record of improvement

Historic income and expenditure (I&E) performance



Building a sound financial base

Track record of improvement – Healthcare Commission
(now Care Quality Commission)

Assessed on:

- Financial management
- Financial standing
- Value for money
- Financial reporting
- Internal control



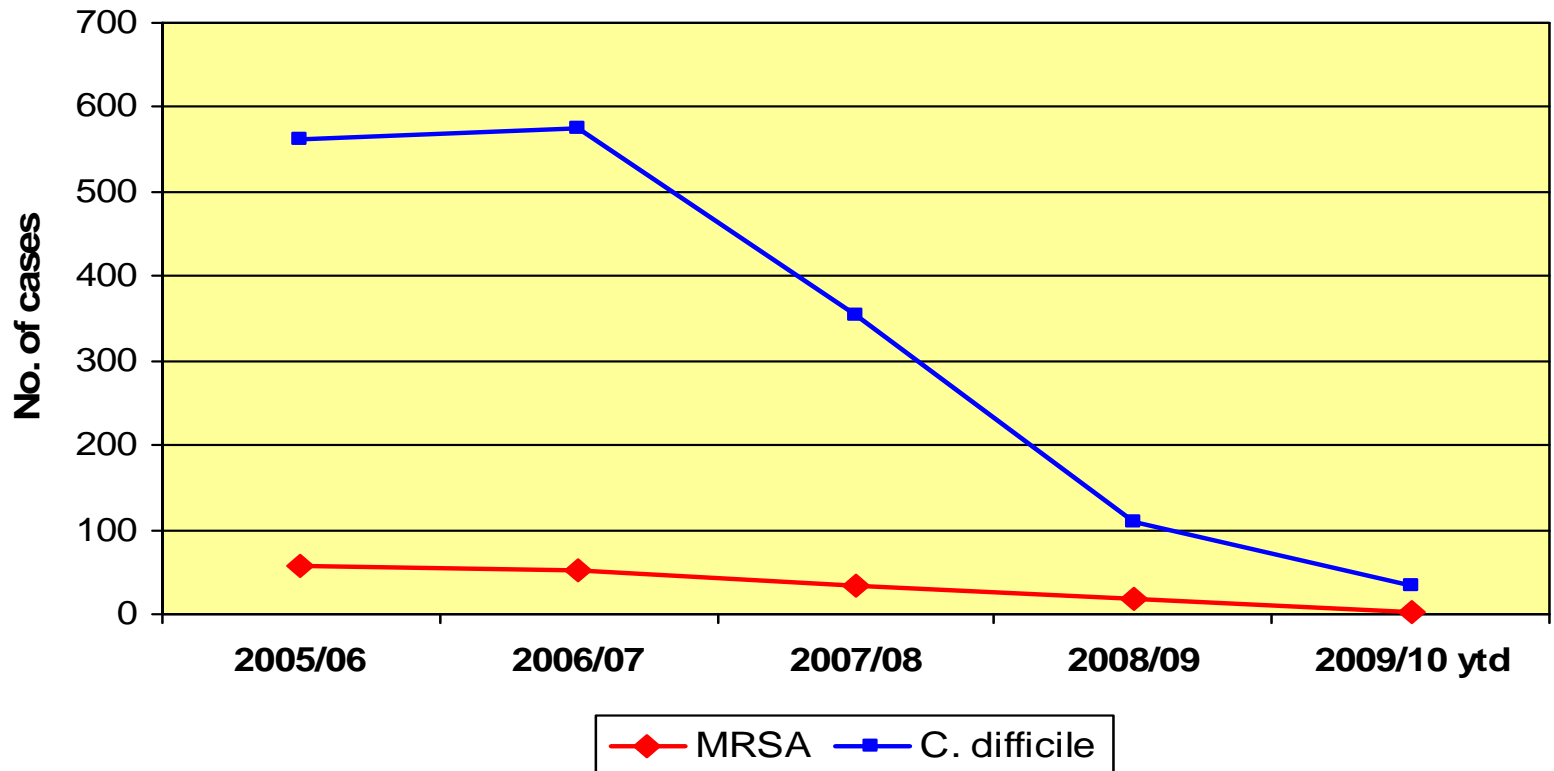
2008/09 – a performance snap shot

- Financial targets ✓
- 18-week waiting time standards ✓
- A&E four hour waits ✓
- 14, 32 and 62-day cancer waits ✓
- MRSA and *C. difficile* targets ✓



Driving infections to historic lows

MRSA and *C. difficile* infections: 2005/06 to date



Cancelled operations

- **Operations cancelled on the day for non-clinical reasons**
 - National target is 0.8%
 - For 2008/09, Trust achieved 2.7%
 - 2009/10 ytd – 0.9%
 - major initiative for 2009/10
 - initial step change to 1.5% from April 2009 and then down to less than 0.8% from June 2009



Delayed transfers of care

- **Delayed transfers of care – patients remaining in hospital who should be discharged home or on to other services**
 - National target is 3.5% (tbc)
 - For 2008/09, Trust achieved 3.7%
 - Not within the Trust's control
 - Working with PCT and local authorities to ensure problem reduced during 2009/10 – need their help to achieve this improved performance



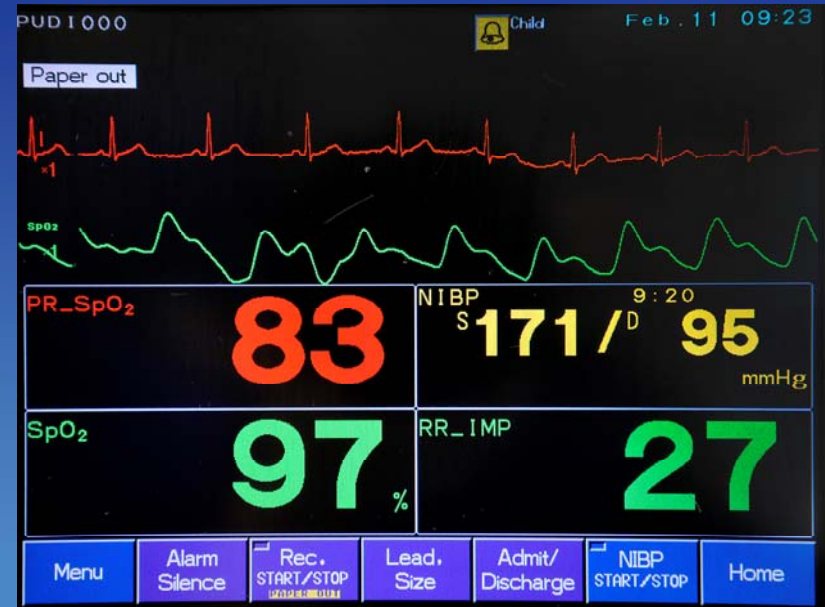
2009 annual health check

- **Published in October 2009, covers 2008/09**
 - Use of resources – predict up from *fair* to *good*
 - Quality of services – predict remains at *fair*
- **If quality of services assessed right now, would be *good***



2008/09 performance review

❖ **James Quinn,**
medical director and
consultant ENT surgeon



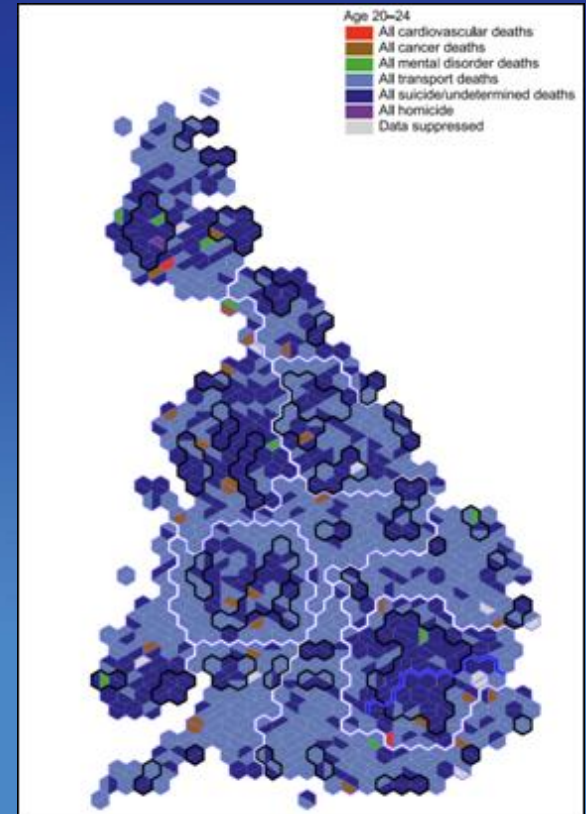
Putting clinicians at the heart of decision-making

- Senior clinicians leading new divisional management structures – not just *grey suits*!
- Clinical quality part of performance management process – suite of clinical indicators (e.g. infection control and mortality rates)
- Patient safety strategy to improve patient outcomes across the Trust



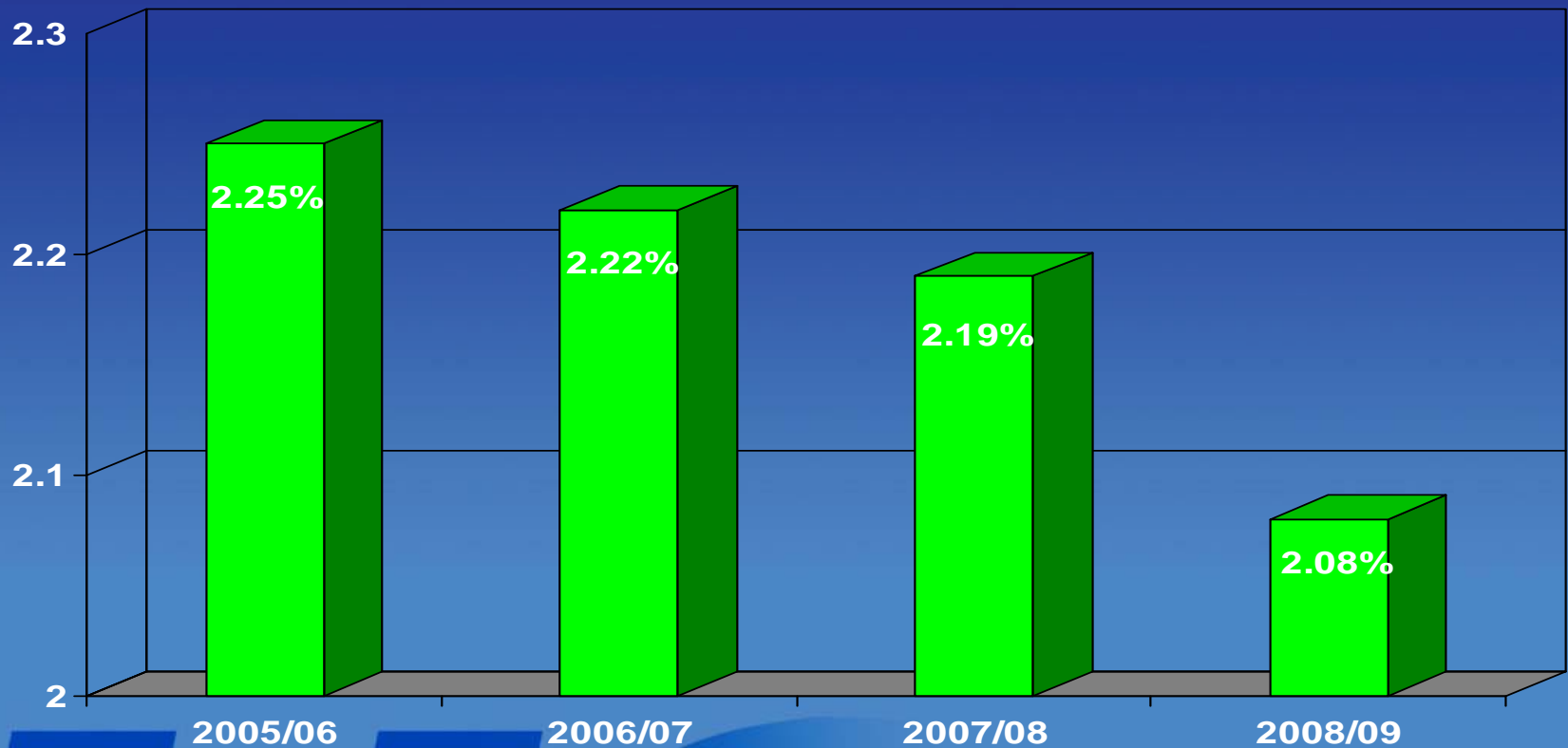
Improving clinical quality

- Major improvement in rates of healthcare-associated infections across the Trust
- Less well known is that mortality rates are falling too...



Crude mortality rates

2005/06 to 2008/09 (deaths per 100 patients admitted)



Investing to improve

- About to hear four clinical presentations on how services improving, but others happened too:
 - £0.5 million reorganisation of emergency care pathways at the Lister – patients now getting faster treatment decisions from the right clinicians
 - Changes made to A&E mean that 99% of patients now being treated, admitted and/or discharged within four hours
 - Head of neck of femur fractures focus of major work to ensure these vulnerable patients get quick access to emergency surgery – process to be rolled out to other patient groups
 - £0.75 million redevelopment of the Lister's renal dialysis service, improving patient and staff experience and increasing capacity



Four clinical presentations this evening:

- Kote Samsheer, consultant gastroenterologist
 - *Light in the dark tunnel – video capsule endoscopy*
- Diana Gorog, consultant cardiologist
 - *What becomes of the broken hearted?*
- Dr Thiagarajan Rajan, consultant anaesthetist and Dr Thida Win, consultant respiratory physician
 - *The high risk surgical patient pathway*
- Jim Adshead, consultant urologist
 - *The Hertfordshire robotic centre*



Future clinical developments

- Clinicians already at heart of *Our changing hospitals* decision-making process – will remain so as the design of new services are planned
- Securing the future of the Mount Vernon Cancer Centre, with a satellite radiotherapy facility at the Lister
- Working to expand cardiac suite at the Lister, with a second laboratory – aim is to provide 24 heart attack service
- Developing Trust's stroke services, with acute units at Lister as well as QEII



Our changing hospitals

❖ **Nick Carver,**
chief executive



Our strategic aims

- Improve quality of our services
- Maintain pre-eminence of Mount Vernon as tertiary cancer centre, but providing more cancer locally in Hertfordshire
- Work with PCT colleagues to expand local access to hospital services
- Consolidate acute services at the Lister



Service development plans - Lister

- Phase 1 – Lister Surgicentre (opening April 2011)
- Phase 2 – maternity unit (opening November 2011)
- Phase 3 – multi storey car park (opening March 2011)
- Phase 4 – emergency and acute services:
 - Outline business case to SHA
 - Plan to complete work 2013





Becoming a foundation trust

- Not an end in itself...

....it is far more important than that



Your questions and concluding remarks

❖ **Richard Beazley,**
chairman



Thank you and good night

WLS

