

**HEALTH SCRUTINY COMMITTEE MEETING  
27<sup>th</sup> MARCH 2009**

**CHIEF EXECUTIVE'S UPDATE REPORT  
MARCH 2009  
HEREFORD HOSPITALS NHS TRUST**

**1) Introduction**

This report provides committee members with an update on the operational and financial performance of the Trust to the end of January 2009 together with a summary briefing on key developmental issues for the organisation.

**2) Operational Performance**

***2.1 Patients treated***

Elective inpatient and daycase activity continues its strong performance. Daycase activity in January was the highest level this financial year.

- Daycases: +15.2% on same period in 07/08
- Elective inpatients: +5.9% on same period in 07/08
- New outpatients: +7.8% on same period in 07/08

***2.2 Accident & Emergency (4 hour waits)***

The national target is that 98% of patients should be seen within 4 hours in A&E. Emergency activity was at a slightly lower level than seen in December but up against last year (1.7%). Performance continues to be strong with 98.0% recorded for the year to the end of January despite significant pressures in December and January which saw performance dip to 96.3% and 96.4% respectively. The current position for March is 99.3% and year end position is predicted to be 98%.

***2.3 18 week access target***

The national target is that 90% of admitted and 95% of non admitted patients should be treated within 18 weeks from referral by their GP.

The Trust continues to make strong progress achieving 96% and 100% for admitted and non admitted patients respectively at the end of February.

***2.4 Healthcare Associated Infections (HCAI's)***

The Trust continues its zero tolerance approach to HCAI's, focussing in particular on:-

- Hand hygiene compliance

- MRSA screening for admissions from A&E (78% achieved in December)
- Appropriate antibiotic prescribing
- General compliance with the Hygiene Code

There was 1 case (over 48hours) MRSA bacteraemia during January. Therefore, the total number of MRSA bacteraemia for the period April 2008 – January 2009 now stands at 7 cases. The Trust remains well within the maximum of 12 MRSA bacteraemia cases in 2008/09.

The number of Clostridium Difficile cases was 64 cases (over 48 hours) to the end of January against an SHA set trajectory of 76 cases for the year to date.

### **2.5 Other Clinical Indicators**

The Trust Board is now focusing on a range of other clinical indicators, a selection of which is summarised below:-

- Readmission rates for February 2009 were down to 2.53% compared to 4.74% for February 2008.
- The day-case rate for surgery stands at 73.5% for February 2009 compared with 72.0% for February 2008.
- The Trust's mortality rate (as measured by a risk adjusted index) has fallen from 73 to 72 year to date.

### **2.6 Standards for Better Health Declaration 2008 – 2009**

The Standards for Better Health assurance programme for 2008/09 continues, building towards the Trust's Annual Health Check Declaration scheduled for 30<sup>th</sup> April 2009.

Self assessment against core standards with appointed leads continues to plan with Trust Board 'sign-off' planned for 27<sup>th</sup> April 2009. Evidence to date highlights a much improved position compared to last year with 23 out of the 24 core standards now compliant. Element C21 (clean, well designed environments) currently indicates insufficient assurance, however, assurance of compliance is expected by year end.

### **2.7 Healthcare Commission (HCC) Hygiene Code Inspection**

The Trust has now received the final report from the Healthcare Commission following an unannounced Hygiene Code visit in January 2009. The Trust was deemed to be compliant with 4 of the 5 duties and was given six months to rectify relatively minor failings against Duty 4 (The trust must provide and maintain a clean and appropriate environment for healthcare).

### **2.8 Finance**

The Trust reported a surplus of £460k at the end of January although, this was still below the plan at this point in the year. The measures introduced in September are being maintained to correct this, namely:-

- Continued generation of additional income from treating more patients in the latter part of the year.
- Application of cost containment measures for non medical spending (vacancy and order controls).
- Implementation of cost improvement programmes

### **3) Service and Site Development**

#### ***3.1 Clinical Decisions Unit***

A strategic outline case will be taken to Hereford Hospitals Trust Board on 30<sup>th</sup> March 2009. The Trust is looking to recruit a dedicated project manager for the scheme which will be linked with the development of the new Primary Care Centre on site. The Trust is aiming to get the new facility up and running within 18 months.

The Clinical Decisions Unit Scheme is important to the Hereford Hospitals Trust because it will enable us to reduce inappropriate admissions and provide more rapid assessment and treatment of patients needing admission. As a consequence, it will impact on the overall requirement for medical beds, enabling the Trust to determine the scale of replacement for the two remaining huttet wards.

#### ***3.2 Macmillan Renton Unit & Radiotherapy Services***

The closure of Kenwater Ward later this year (the beds will be replaced in the main hospital) will enable work to commence on the new Macmillan Renton Unit with a completion date of 2010. With regards to radiotherapy services, a strategic outline case will also be taken to the Trust Board on 30<sup>th</sup> March 2009. A set of plans have been developed allowing radiotherapy to be added onto the new Macmillan Renton Unit in order to establish an integrated cancer unit. The provisional date for opening the radiotherapy facility is April 2012.

#### ***3.3 Bowel Cancer Screening***

The Trust is now able to undertake bowel cancer screening at the County Hospital linked to the current endoscopy service. The Trust was able to demonstrate that it could meet all the pre-conditions required to provide the service, the most significant being guaranteed access to recovery beds in the Daycase Unit.

**Martin Woodford**  
**Chief Executive**  
**Hereford Hospitals NHS Trust**