

**HEALTH SCRUTINY COMMITTEE MEETING
23RD SEPTEMBER 2008**

**CHIEF EXECUTIVE'S UPDATE REPORT
SEPTEMBER 2008
HEREFORD HOSPITALS NHS TRUST**

1) Introduction

This report provides committee members with an update on the operational and financial performance of the Trust up to September 2008 together with a summary briefing on key developmental issues for the organisation.

2) Operational Performance

2.1 Patients treated

The Trust is experiencing a significant increase in referrals from GP's for non urgent treatment. In response, activity levels to the end of August have been increased as follows:-

Daycases:	+17.5% on same period in 07/08
Elective Inpatients	+6.4% on same period in 07/08
Outpatients	+7.7% on same period in 07/08

Emergency patients treated to the end of August were 4.5% lower than the same period in 2007/08 but with an upward trend.

2.2 Accident & Emergency (4 hour waits)

The national target is that 98% of patients should be seen within 4 hours in A&E. The Trust achieved 98.9% in the first quarter and after a dip in July (97.1%) achieved 98.3% in August. The target is expected to be achieved at year end.

2.3 18 week access target

The national target is that by December 2008, no patient should wait more than 18 weeks from GP referral to subsequent treatment. The Trust is now progressing strongly towards this target (see Appendix 1): in the last week of August 88% of admitted and 98% of non admitted patients were treated within 18 weeks, with 100% performance predicted in all specialties apart from orthopaedics by the end of September 2008.

2.4 Healthcare Associated Infections (HCAI's)

The Trust is continuing its zero tolerance approach to HCAI's with a continued focus on hand hygiene (staff and visitors), screening patients for MRSA and cleanliness of both environment and equipment. New measures are being taken to improve decontamination of medical equipment and the patient mattresses. The performance figures are as follows:-

MRSA bacteraemias

6 cases to the end of August 2008 (5 pre 48 hours). Only 1 post 48 hour (i.e. hospital generated) since August 2007.

Clostridium Difficile

28 post 48 hour cases to the end of August 2008, substantially within the target reduction

The Trust continues to work with the Primary Care Trust to tackle HCAI's on a health community wide basis.

2.5 Finance

The Trust was in surplus by £746k at the end of July 2008 but £736k below its own plan for the same period. Further steps have been taken to ensure delivery of a required surplus of £1.1m at year end (a surplus is required to enable a prior year loan to be repaid) including:-

- Generation of additional income as a result of treating more patients in the latter part of the year
- Further cost containment measures, including tighter vacancy control measures and closer scrutiny of non pay orders
- Implementation of further cost saving schemes e.g. energy conservation measures

3) Developmental Issues

3.1 Management Structure

The Trust is currently introducing new management arrangements which will see the establishment of 4 Business Units (Medicine, Surgery, Diagnostics and Women/Children's) to replace the 3 existing Care Groups. Each will be headed by a clinician (Business Unit Director) working alongside a Business Manager. Costs will be contained within existing budgets.

3.2 Hutted Ward Refurbishment and Replacement

Dore and Leadon Wards have been refurbished to an improved standard with work expected to commence on Monnow Ward in the next few weeks. Kenwater Ward will remain as is pending its demolition next year (see below).

Planning continues on the phased replacement of the hatted wards within the next 2-3 years.

3.3 Macmillan Renton Unit and Radiotherapy

Planning continues on the new Macmillan Renton Cancer Unit (MRU) with building work expected to commence in Summer 2009. This will require the demolition of Dore and Kenwater Wards. With the decision in principle by the Three Counties Cancer Network to establish satellite radiotherapy in Hereford, plans are being worked up on the basis of the new linear accelerator facilities being provided alongside the MRU. A Project Board has been established by the Cancer Network with Trust representation.

3.4 Medical Day Case Unit

The old Day Hospital in the Fred Bulmer building has been converted on a pilot basis into a Medical Day Case Unit for patients who otherwise would need to be admitted or require treatment in an inappropriate setting within the hospital. Take up of the new service has been good and it is hoped that the new service can be made permanent.

3.5 DEXA Scanning

A new DEXA scanner has now been installed in the Fred Bulmer building funded by the National Osteoporosis Society. Following training, the new service will "go live" in early October when the service will be opened up to GP direct access via Choose and Book.

3.6 Provider Services Review and Foundation Status

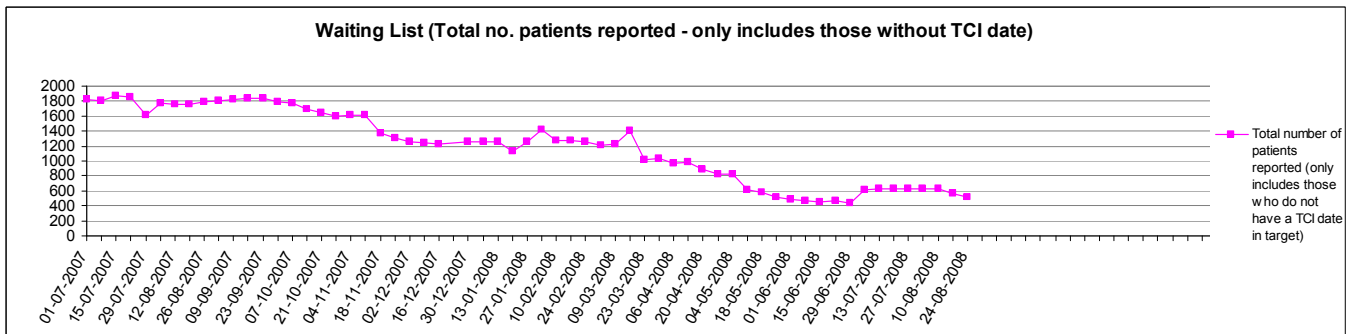
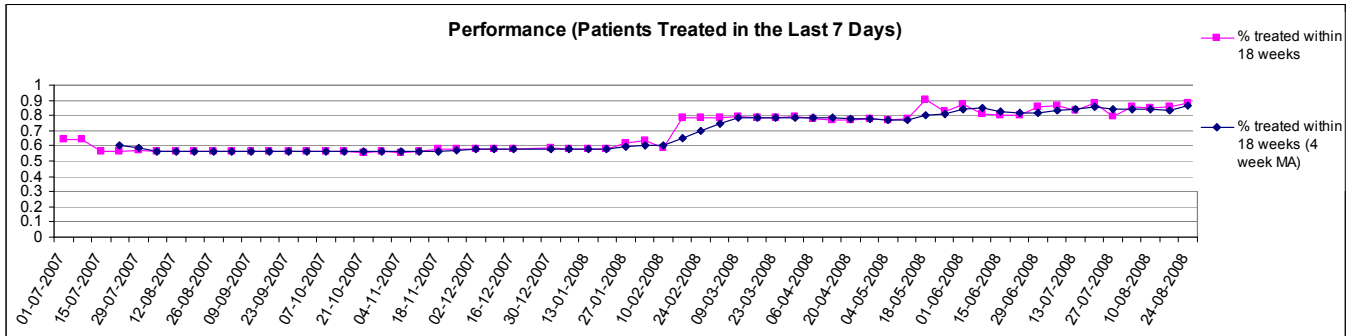
The Trust is an active participant in the Provider Services Review being led by the Primary Care Trust. Alongside this important exercise, the Trust continues to work up its plans for Foundation Trust status in line with Government policy although the timescale and nature of the application will be determined by the outputs of the review.

4) Conclusion and Recommendations

The Health Scrutiny Committee is asked to note this update report.

Martin Woodford
Chief Executive
Hereford Hospitals NHS Trust

Admitted Patients



Non Admitted Patients

