

**HEALTH SCRUTINY COMMITTEE MEETING
5th DECEMBER 2008**

**CHIEF EXECUTIVE'S UPDATE REPORT
DECEMBER 2008
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 October 2008 together with a summary briefing on key developmental issues for the organisation.

2) Operational Performance

2.1 Patients treated

The current upward trend in referrals from GPs for non-urgent treatment continues (the October referral total of 3788 was the highest month on record). In response the Trust has increased activity levels to the end of October as follows:-

- Daycases: +17.5% on same period in 07/08
- Elective inpatients: +8.6% on same period in 07/08
- New outpatients: +8.9% on same period in 07/08

These increases have been achieved in a context where emergency activity has also upturned and now stands only 1% below the corresponding period in 2007/08.

2.2 Accident & Emergency (4 hour waits)

The national target is that 98% of patients should be seen within 4 hours in A&E. Performance continues to be strong with 98.4% recorded for the year to the end of October and 62% of patients seen within 2 hours.

2.3 18 week access target

The national target is that by December 2008, 90% of admitted and 95% of non admitted patients should be treated within 18 weeks for referral from their GP.

The Trust continues to make strong progress achieving 95% and 99% for admitted and non admitted patients respectively at the end of October.

As a consequence the Trust has moved from 18th to 8th (of 19) in the league table of West Midlands acute trusts since April.

2.4 Healthcare Associated Infections (HCAI's)

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

- Hand hygiene compliance (96% achieved for October audit)
- MRSA screening for admissions from A&E (84% achieved in October)
- Appropriate antibiotic prescribing
- General compliance with the Hygiene Code

It is pleasing to report that there have been no reported MRSA bacteraemia cases since July 2008 with only 6 in total for the year to date (only one post 48 hours i.e. hospital generated). The number of Clostridium Difficile cases has also fallen with 40 cases (over 48 hours) to the end of October against an SHA set trajectory of 51.

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 the 5 months to the end of August were 4.7% compared to 4.9% for 2007/08 and a peer group average of 6.6%.
- The day-case rate for surgery stands at 73.1% to the end of August compared with 72.5% last year and a peer group average of 73%.
- On a less favourable note, the complication rate has risen to 2.1% from 1.8% last year, above the peer group average of 1.7%. This is being investigated.
- The Trust's mortality rate (as measured by a risk adjusted index) has fallen from 83 in April 2007 to 71 in September 2008.

2.6 Patient Satisfaction

The Trust is now conducting local patient surveys to supplement data available from the annual national exercise. Analysis of the feedback from the 64 patients questioned so far suggests that the following are the key areas for action:-

- Quality of hospital food (40% rating as fair or poor)
- Disturbance at night (48% of patients reported this)
- Awareness of planned discharge date (47% of patients not aware)

Action plans are being developed to act upon the findings.

2.7 Finance

Although the Trust was in surplus by £280k at the end of October, this was still £937k 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 / Primary Care Centre

The PCT has been conducting a tendering process for the provision of an urgent primary care centre linked to the GP out of hours service with a 31st October deadline for submissions. The Trust has submitted a joint bid with local GP's and Shropdoc (an out of hours consortium), not only to provide this service on the hospital site but with a linked proposal for the creation of a Clinical Decisions Unit (CDU) adjacent to A&E. The CDU, which would contain a limited number of beds and have senior level medical staffing, would improve the assessment of patients on admission and from the evidence elsewhere, prevent needless admissions. Presentations on the Trust's bid were made to the PCT on 17th November and the outcome is being awaited.

3.2 Radiotherapy Services

The Three Counties Cancer Network has now established a Project Board to take forward the development of satellite radiotherapy in both Hereford and Worcester, working to a "go live" timescale of 2012. The Trust's Director of Business Development, Mike Coupe, will be leading the work locally and is tasked with producing an option appraisal on the most cost effective financing options by 31st March 2009.

3.3 Bowel Cancer Screening

The Trust is aiming to establish bowel cancer screening at the County Hospital, linked to the current endoscopy service. Following an assessment and accreditation visit on 25th September, it is now clear what pre-conditions will need to be met for the service to be provided, the most significant being guaranteed access to recovery beds in the Daycase Unit. The Trust has until early January 2009 to demonstrate that it has plans in place to meet the approval criteria.

Martin Woodford
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