

**HEALTH SCRUTINY COMMITTEE MEETING  
31<sup>st</sup> JULY 2009**

**CHIEF EXECUTIVE'S UPDATE REPORT  
JULY 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 June 2009. A summary briefing on key developmental issues for the organisation is also provided.

**2) Operational Performance**

**2.1 Patients treated**

Emergency activity levels significantly exceeded expected levels during the first quarter of 2009/10, continuing a trend from December 2008. Day-case activity was also significantly above plan for the same period in spite of a dip in May. Conversely both elective in-patient activity and new out patient attendances were below plan for the first quarter

- Emergency inpatients +12.7% against plan
- Daycases: + 6.5% against plan
- Elective inpatients: - 9.2% against plan
- New outpatients: - 2.2% against plan
- Follow up outpatients +4.9% against plan

The Trust has been able to accommodate a significant overall increase in patients requiring admission during 2009/10 by retaining additional flexible bed capacity on Kenwater Ward (10-15 beds). This has also largely obviated the need to utilise the Daycase Unit as an inpatient facility, enabling daycase activity to be increased.

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

Accident & Emergency attendances averaged 3800 per month for the first quarter compared with 3600 in the corresponding period last year and 5.1% above plan overall.

The national target is that 98% of patients should be seen within 4 hours in A&E. Despite the increased pressure, performance against the 4 hour target was achieved at 98.1%.

The Trust has also set a local target to see 65% of A&E attenders within 2 hours. For the first quarter, performance of 58% was achieved.

### **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.

In June 2009, the Trust treated 97% of admitted patients and 98% of non admitted patients within 18 weeks. This is against a backcloth where GP referrals were up by 1.7% on the same period last year.

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

The Trust is successfully continuing its drive to reduce healthcare associated infections. There were no MRSA bacteraemia infections in the hospital during the first quarter and only 8 post 48 hour C-Difficile cases for the same period. The Trust continues with a range of measures to combat infections as part of its zero tolerance approach:-

- Hand hygiene compliance
- MRSA screening for all admissions (including daycase and surgery)
- Appropriate antibiotic prescribing
- General compliance with the Hygiene Code

### **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 June 2009 were 3% of emergency admissions, a favorable reduction over the 3.5% reported in May 2009 and 5.2% reported in April 2009
- The day-case rate (for a standard basket of 25 procedures) was 84.1% in June 2009 compared to 83.4% in the preceding month
- The risk adjusted mortality for June 2009 was 84 compared to 80 in the preceding month (anything below a rate of 100 is better than average)

### **2.6 Standards for Better Health / Annual Health Check 2008/09**

#### **Publication of the annual health check performance ratings**

The Care Quality Commission (CQC) intend to make the 2008/09 annual health check performance ratings publicly available from Thursday 15 October 2009.

Due to the CQC not publishing the thresholds for some indicators until October it is not possible to predict the overall annual performance rating at this stage.

#### **Core standards declarations and inspections**

All trusts have now submitted their declarations for this year's assessment of the core standards. CQC are currently screening all of the declarations before a series of targeted follow up inspections start this month. Inspections will take place in approximately 20% of trusts to understand the basis on which they made their declarations.

### **Existing commitments and national priorities data ratification process**

The ratification of the data CQC will use in the assessment of our performance against the existing commitments and national priorities began on Wednesday 20 May via the CQC website. Indicator data will be published on the website in a series of phased uploads.

## **2.7 Standards for Better Health 2009/10**

CQC have now confirmed that Standards for Better Health remain in place until 31<sup>st</sup> March 2010.

NHS providers will be assessed against these standards via a core standard declaration in November 2009. Although not clarified, CQC have suggested that this may take the form of a 'refreshed' declaration based on the declaration made in May 2009.

Information from the November 2009 declaration will inform the CQC assessment of providers who may be at risk of new meeting the new registration standards.

## **2.8 In-patient survey**

The In-patient survey is part of a national patient survey programme required by the Care Quality Commission. The survey was conducted on behalf of the Trust by 'Patient Perspective'. The survey has been conducted annually for the last five years and is due to be undertaken again in August 2009.

The results for 2008 were considered by the Board in its Public Board meeting in May 2009. It showed a marked improvement against one question ('rating of food') and no other significant changes since the last survey in 2007. A full action plan has been developed for implementation and will be discussed by the Trust Board on 27<sup>th</sup> July 2009.

## **2.9 Finance**

At the end of June the Trust reported a £455k deficit which represented an adverse variance of £294k against plan. Operating income was £122k ahead of plan but was more than offset by an operational overspend of £483k. The initial income plan has been increased by £1.2m in order to recognise current income expectations.

A key challenge for the remainder of the year, which will be a focus for Board attention, will be the delivery of a £4.5m cost improvement plan.

# **3) Service and Site Development**

## **3.1 Hereford Hospitals Response to the Healthcare Commission Report on Mid Staffordshire NHS Foundation Trust**

The Healthcare Commission undertook an investigation into apparently high mortality rates at Mid Staffordshire NHS Foundation Trust from May – October 2008. The report on the outcome of the investigation was published in March

2009 and uncovered a number of significant clinical, clinical governance and board related issues for that Trust.

Hereford Hospitals Trust reviewed the report in great detail at its Board meeting in June 2009 and a further report is being presented for approval to the July Public Trust Board meeting with an action plan for improvement in any areas identified. A key consideration for the Board is that although there are no material grounds for concern about service quality at the County Hospital, it is always possible to learn from experiences elsewhere particularly where a similar sized Trust is involved.

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