Hereford Hospitals NHS Trust



HEALTH SCRUTINY COMMITTEE MEETING 30th NOVEMBER 2009

CHIEF EXECUTIVE'S UPDATE REPORT NOVEMBER 2009 HEREFORD HOSPITALS NHS TRUST

1) Introduction

This report provides committee members with an update on the operational and financial performance of the Trust for the period ending October 2009. A summary briefing on key developmental issues for the organisation is also provided.

2) Operational Performance

2.1 Patients treated

Emergency activity continues in line with A & E activity and October admissions continue to exceed expected levels. Elective inpatient activity saw the highest level of activity this financial year with daycase activity falling just short of plan. Continued increases in emergency activity remain a challenge for capacity and could impact on the hospital's ability to undertake elective work:-

- Emergency inpatients +10.5% against plan
- Daycases: -0.4% against plan
- Elective inpatients: -15.7% against plan
- New outpatients: -2.1% against plan
- Follow up outpatients -0.6% against plan

2.2 Accident & Emergency (4 hour waits)

Accident and Emergency attendances in October were at the highest level since July 2006 and for the second time this financial year exceeded 4000 attendances. The increase in activity and knock on effect on emergency admissions has put considerable pressure on achieving the four hour A&E target and bed capacity.

The national target is that 98% of patients should be seen within 4 hours in A&E. Performance during October was 97% but the year to date position is still better than target at 98.1%.

The Trust has also set a local target to see 65% of A&E attendees within 2 hours. Performance against the 2 hour target continues to improve month on month with 64% being achieved in October.

High activity levels have also impacted upon the turnaround times for ambulances. However, the Trust has signed up to the West Midland Ambulance Service Policy on turnaround times and is working proactively to reduce delays.

Additionally, since mid October, GPs have been working in the A&E department at weekends. This has enabled the appropriate deflection of patients to the Primecare out of hours service.

At the September Health Scrutiny Committee, a request was made for a breakdown of a typical weeks activity in A & E plus a typical week of staffing levels. This is attached in the Appendix.

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 October 2009, the Trust treated 97% of admitted patients (which is an improvement on the previous month) and 98% of non admitted patients within 18 weeks.

2.4 Healthcare Associated Infections (HCAI's)

There was 1 MRSA bacteraemia during October which is the first recorded during this financial year and compares to 6 recorded for the same period during 2008. During October there were 2 post 48 hour C-Difficile cases compared to 4 cases for the same period last year and there were no deaths attributed to Clostridium difficile on the death certificate in October.

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 Finance

At the end of October the Trust reported a £901k surplus against a planned surplus of £1,069k (£168k below plan). The position improved by £379k in month owing to the combined effects of an improved income position, operational costs being contained and reserves being brought into the position.

The Trust is still currently forecasting a £1.1m year end surplus as per the plan: this will enable historical loan debt to be repaid.

3) Service and Site Development

3.1 Macmillan Renton Unit

A turf cutting ceremony was held on Tuesday 27th October to mark the start of building works for the new Macmillan Renton Unit. The successful event was attended by representatives from Hereford Hospitals NHS Trust & PFI Partners, Hereford Primary Care Trust, Charles Renton Unit staff, patient representatives, Macmillan Renton Unit Project Group Members and Macmillan Cancer support representatives. The Macmillan Renton Unit will be completed in December 2010.

Martin Woodford Chief Executive Hereford Hospitals NHS Trust

HEREFORD HOSPITALS NHS TRUST ACTIVITY AND STAFFING LEVELS

Table 1 below sets out volumes of A&E activity for 2008/09. Attendances are employed as the measure of activity. Attendances are split into 3 categories:-

- Complex / high cost
- Standard
- Minor

Please note that there is a degree of judgement involved in allocating categories to patients: the split between the three categories should not be seen as definitive.

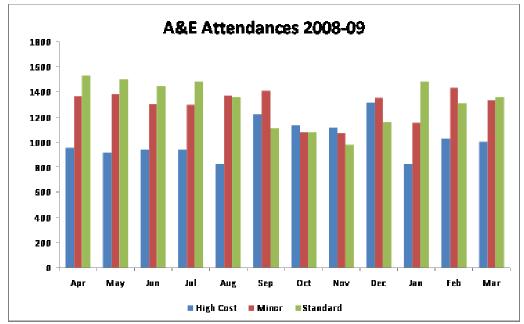
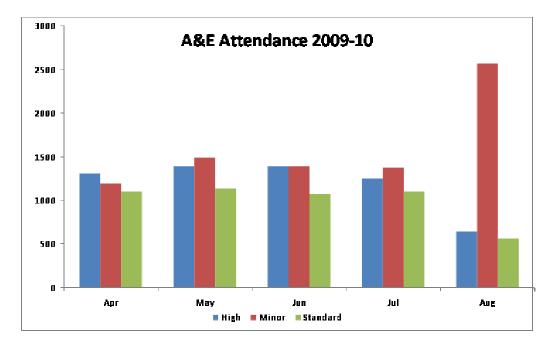


Table 2 below sets out activity split by category for the first five months of 2009/10.



Health Scrutiny Committee – Chief Executive's Update Report

Table 3 and 4 set out typical / average staffing levels at the weekend and mid week (NB. ENP: Emergency Nurse Practitioner)

