Hereford Hospitals
NHS Trust

HEALTH SCRUTINY COMMITTEE MEETING
1st MARCH 2010

CHIEF EXECUTIVE'S UPDATE REPORT
MARCH 2010

1) Introduction

This report provides committee members with an update on the operational and financial performance of the Trust for the period ending January 2010. A summary briefing on key developmental issues for the organisation is also provided.

2) Operational Performance

2.1 Patients treated

The County Hospital has been under extreme pressure during December and January as a result of increased emergency admissions and adverse weather conditions. Emergency activity continues in line with A & E activity and January admissions continued to exceed expected levels. Daycase activity reduced in month and elective inpatients remained at the same level as December. However, the weather conditions hindered progress against plan with higher than normal cancellations of surgery. Continued increases in emergency activity remain a challenge for capacity and impact on the hospital's ability to undertake elective work. Outpatients were significantly down for both new and follow ups:-

- Emergency inpatients +8.4% against plan
- Daycases: -1.0% against plan
- Elective inpatients: -17.1% against plan
- New outpatients: -6.1% against plan
- Follow up outpatients -1.8% against plan

2.2 Accident & Emergency (4 hour waits)

Accident and Emergency attendances in January continued to remain high with 190 more attendances for January 2010 compared with January 2009 and a year to date increase of 3.3% (1204 actual) compared to the same period last year. The increase in activity and knock on effect on emergency admissions has put considerable pressure on achieving the four hour A&E target and on bed capacity.

The national target is that 98% of patients should be seen within 4 hours in A&E. Performance during January slipped to 94.7% and a year to date position of 97.6%.

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 January 2010, the Trust treated 99% 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 were 0 MRSA bacteraemia during January 2010 but the Trust has had 2 bacteraemia since April 2009 compared to 7 recorded for the same period during last year. During January there was 1 post 48 hour C-Difficile case compared to 5 cases for the same period last year and there was 1 death attributed to Clostridium difficile on the death certificate in January 2010.

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 January 2010 the Trust reported a £1,328k surplus. The position deteriorated by £828k in month due to four main factors – significant underperformance against the revised income plan, high expenditure on agency medical and nursing staffing and costs associated with the integration project of provider services.

The Trust is still currently forecasting a £1.1m year end surplus as per the plan however, there still remains a gap of £233k that has to be bridged in order to achieve this.

3) Service and Site Development

3.1 Reprovision of Kenwater Ward (part of the ward reprovision programme)

The conversion of the Day Case Unit to function on a 23 hour basis and the reconfiguration of wards on the first floor of the main hospital will be completed by the end of July. Overall, the Trust will have gained 4 new beds. Completion of this project will in turn allow the closure of Kenwater Ward (the site of which is required for the Macmillan Renton Unit development).

3.2 Macmillan Renton Unit (MRU)

The MRU is on track and on budget. There have been some technical problems with the diversion of the Victorian sewer and there remain some issues to be resolved with Welsh Water. However, the scheme is still programmed to be completed by Christmas 2010.

3.3 Equitable Access Centre (primary care and walk in centre)

The Trust has now taken over the management of the project having had the capital allocation made by the Strategic Health Authority transferred from the PCT. The design continues to be refined to take account of factors such as the needs of the ambulance service and car parking Further work is required to understand how the development 'fits' with HHT's plans to develop a Clinical Decisions Unit (CDU) and change the layout of A&E. All of these various factors will need to be reconciled in a Full Business Case which will set out the proposed solution in detail and confirm costs and timelines. At the present time, the projected deadline for opening in Q2 2011 remains robust

3.4 Business Plan 2010/11

The Trust's business plan for next year includes commitments to the replacement of the CT and MRI scanners and the development as a priority of the CDU which will allow the closure of Dore Ward. This closure is part of the ward reprovision programme. The site is also required for the development of the radiotherapy facility. It is also envisaged that the business plan will include a commitment to increase nurse staffing levels, taking account of patient dependency across the hospital.

3.5 Scoping studies

Scoping studies are planned for changes to the pathology laboratory, the development of a permanent 'home' for the planned High Dependency Unit, the upgrading/reprovison of staff accommodation and the development on site of a nursing home.

4) Response to Dr Foster Report and PCT and SHA Assurance Visits

Dr Foster formally published its annual Hospital Guide, entitled 'How safe is your hospital' on 30th November 2009. In the report HHT was placed in the lowest band for safety, along with 11 other Trusts. A score or ranking had been derived by statistical methods applied to a variety of information including HSMR (Hospital Standardised Mortality Ratio), HSMR for particular conditions, readmission rates, incident reporting to NRLS, the national patient survey and answers to a questionnaire distributed earlier in the year.

Subsequently the Trust received assurance visits from Herefordshire PCT and the West Midlands SHA. Detailed below are areas that have been or need to be addressed as a result of all of these reports.

HSMRs

Our overall HSMR was good at 93.41 but it was higher than the 'average' of 100 for three particular conditions – Stroke 125.1, Myocardial Infarction 105.84 and Fractured Neck of Femur 107.37. These have all improved since then; in particular the SMR for stroke over the last 6 months stands at 95.8. We have also added to our programme of mortality analysis all deaths in those groups identified on the Dr Foster website. We have joined the West Midlands Provider Mortality Protocol (WMPMP) programme to enable us to focus our attention on the elderly over 85 with respiratory illnesses. They will provide monthly information. Both systems will be used in parallel initially with the expectation of the whole region moving to WMPMP as the main analytical tool by the end of the year

Infection Control

We were marked down for having no isolation ward; it is our view that at present this is neither necessary nor affordable. Where isolation is required we have appropriate side rooms which are used and actively managed for this purpose. The number of side rooms in the Trust will increase by 7 in the ward re provision work at the closure of Kenwater ward.

National Reporting and Learning Services (NRLS)

Our turnaround in reporting incidents to the NRLS, which is a national safety reporting system, was slow; this has being remedied.

Never Events

We were marked down for not having an approved definition for 'Never Events'; this was remedied at Board level in April 2009.

Training on 'Being Open'

After its initial launch further training on 'Being Open' was not sustained. This is being addressed by the Department of Clinical Quality and Safety and is being re-launched in March 2010.

Good practice

It should be noted that for readmissions we scored well, i.e. had low rates, particularly for fractured neck of femur and hysterectomy where we 'exceeded expected'.

5) Improving Stroke Services

The Trust is making a concerted effort to improve its stroke services and is reviewing progress made with implementing NICE guidelines and the West Midlands Service Specification for the Management of Stroke Thrombolysis and Acute Care 2009.

The focus is on ensuring consistent compliance with national and regional guidelines, particularly with regard to:-

- Ensuring that a minimum of 80% of patients are directly admitted to the Stroke Unit (Frome Ward)
- Ensuring that a minimum of 80% of patients spend at least 90% of their time on the Stroke Unit

- Providing access to CT scans within 24 hours for urgent patients with stroke symptoms
- Ensuring appropriate access to thrombolysis where required

Recent performance data demonstrates that we are achieving significant improvement against the key standards - for example in November 2009 over 55% of patients were directly admitted to Frome Ward and over 70% spent more than 90% of their on the Stroke Unit.

To ensure that the improvements to our stroke service are sustained the following steps have or are being taken:-

- Additional night nursing and therapy staffing on the Stroke Unit
- One bed on the Unit kept free to enable stroke patients to be rapidly admitted
- A review of clinical decision making particularly in relation to authority to request CT scans or deliver thrombolysis

6) Care Quality Commission (CQC) Registration Requirements

From April 2010 all health and adult social care providers will be required by law to register with the CQC if they provide 'regulated activities'. To register with the CQC, all health and adult social care providers must show they are meeting the new regulations – essential standards of quality and safety – across all of the registered activities they provide.

The Trust's registration application was submitted in January 2010. The Trust has declared itself compliant with all registration outcomes and provided the CQC with a response to specific areas of risk highlighted in the Quality & Risk Profile for Hereford Hospital.

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Hereford Hospitals NHS Trust