

HEALTH SCRUTINY COMMITTEE MEETING
18th June 2010

CHIEF EXECUTIVE'S UPDATE REPORT
JUNE 2010

1) Introduction

This report provides committee members with an update on the operational and financial performance of the Trust for the period ending April 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 continued to see an increase in Accident and Emergency activity to a similar level of the previous 12 months. For April A &E activity exceeded plan for the month by 9.6%. Emergency inpatients also continued at a similar level to 2009/10 with April showing an over performance of 1.1% against plan.

Elective inpatient and Day case activity were down on plan in the month. The main contributing factor for this was the number of cancellations due to bed pressures.

Both new and follow up attendances were down on plan in the month. Some of this may be as a result of doctor vacancies which are affecting capacity but also the levels of activity commissioned which have resulted in reduced activity in a number of specialities.

- Emergency inpatients +1.1% against plan
- Daycases: -5.2% against plan
- Elective inpatients: -9.7% against plan
- New outpatients: -5.4% against plan
- Follow up outpatients -1.1% against plan

2.2 Accident & Emergency (4 hour waits)

Accident and Emergency attendances in April continued to remain high with 343 more attendances for April 2010 than plan. The increase in activity and knock on effect has put considerable pressure on achieving the four hour A&E target and on bed capacity.

Performance against the 4 hour target was 95.4% against a national target of 98%. The two hour target remains consistent at 60%.

2.3 18 week access target

It is now a legal right for patients to be treated within 18 weeks, unless clinical reasons or patients decide to wait longer. 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 April 2010, the Trust treated 98.6% of admitted patients and 99.6% of non admitted patients within 18 weeks.

2.4 Healthcare Associated Infections (HCAI's)

There were 1 MRSA bacteraemia during April 2010 compared to none for the same period last year. During April 2010 there was 3 post 48 hour C-Difficile case compared to 4 for the same period last year and there was 1 death attributed to Clostridium difficile on the death certificate in April 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 April 2010 (month 1) the Trust was £110k behind plan. This was mainly due to cancelled operations but also due to some prudent assumptions relating to income expectations.

It is too early to make recommendations regarding the Trust's outturn forecast but it is clear that the Trust may have to consider a range of additional actions in order to prevent itself going into a deficit position. The Trust has also continued to face cash problems with the level of outstanding debtors being a particular concern.

3) Service and Site Development

3.1 Macmillan Renton Unit

The main contractor for the Macmillan Renton Unit has now been appointed and has commenced work on site.

During the preparation of the site the project team has encountered and successfully overcome unexpected difficulties in the diversion of a public sewer to make way for the Macmillan Renton Unit. Thanks to negotiations with Welsh Water and the contractor it is anticipated that the Unit will be completed by late March 2011 and as such the first patients will be treated during April 2011.

3.2 Radiotherapy

This scheme is being managed by Gloucestershire Hospitals NHSFT and is on track for opening in late 2012.

3.3 Equitable Access Centre

The design of the Centre has also had to be changed to accommodate the outcomes of the work on unscheduled (emergency) care commissioned as part of the review of provider configuration (specifically the development of an Urgent Care Centre incorporating walk in access to GPs, a closer clinical relationship between emergency general practice and the treatment of minor injuries, the refocusing of the A&E Department on 'pure' emergency medicine and the development of a Clinical Decisions Unit). An Outline Business Case is currently in preparation and the intention is to submit this to the Statutory Boards during July.

3.4 Reprovision of Kenwater Ward

Kenwater Ward, which needs to be demolished to make way for the Macmillan Renton Unit, is being reprovided through a combination of creating additional bed spaces within the main hospital building and converting the Day Case Unit to operate on a 23 hour basis.

4) Ambulance Turnaround Times

The table below shows ambulance turnaround times for Hereford Hospitals NHS Trust compared to the rest of the West Midlands Service average for the months of December 2009 and April 2010.

The data shown in red demonstrates performance below average turnaround for the West Midlands Ambulance Services. The data shown in green demonstrates better than average turnaround for the West Midlands Ambulance Service.

| Week Commencing | Total Ambulances Received at HHT | Average HHT turnaround time (mins.secs) | West Midlands Ambulance Service Average (mins.secs) |
|-----------------|----------------------------------|---|---|
| 01/12/2009 | 247 | 33.08 | 27.09 |
| 07/12/2009 | 226 | 26.19 | 25.40 |
| 14/12/2009 | 235 | 25.40 | 25.09 |
| 21/12/2009 | 176 | 26.39 | 26.30 |
| 28/12/2009 | 305 | 30.57 | 26.58 |
| 29/03/2010 | 271 | 24.12 | 25.44 |
| 05/04/2010 | 266 | 23.02 | 25.40 |
| 12/04/2010 | 236 | 24.21 | 25.44 |
| 19/04/2010 | 271 | 25.46 | 26.57 |
| 26/04/2010 | 235 | 25.02 | 26.07 |

The improvements in turnaround for April are due to the fact that the Trust took action to staff the back corridor from 10 a.m. until 10.00 p.m. from Mid January 2010 in addition to this CAD was introduced. CAD is a computer system interlinked to the West Midlands Ambulance Service. The system enables staff in A & E to view ambulances which are en-route to the hospital and provides them with brief information about the patient. Once the ambulance crews arrive at A & E and handover has happened staffs in A & E then have the facility to 'release the crew'. Prior to the

CAD system it was the responsibility of the crew to contact control to clear themselves. The Trust now has this control therefore any delays which occur with the crew once the Trust has released them from A & E can be investigated by WMAS.

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