

HEALTH SCRUTINY COMMITTEE MEETING
20th SEPTEMBER 2010

CHIEF EXECUTIVE'S UPDATE REPORT
SEPTEMBER 2010
HEREFORD HOSPITALS NHS TRUST

1) Introduction

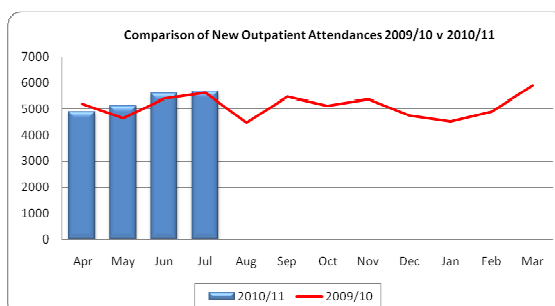
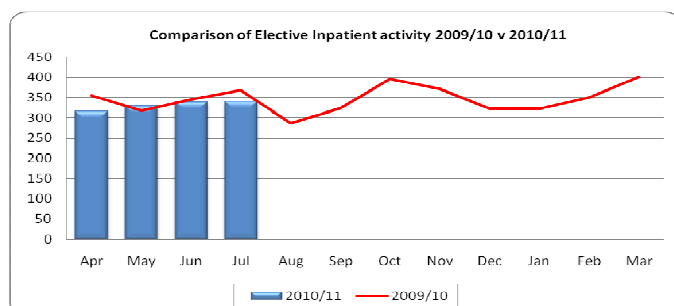
This report provides committee members with an update on the operational and financial performance of the Trust for the period ending July 2010. A summary briefing on key developmental issues for the organisation is also provided.

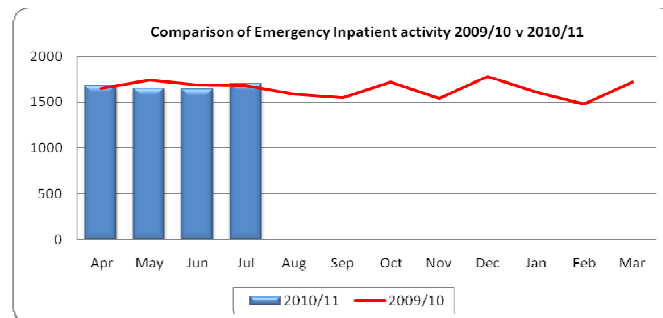
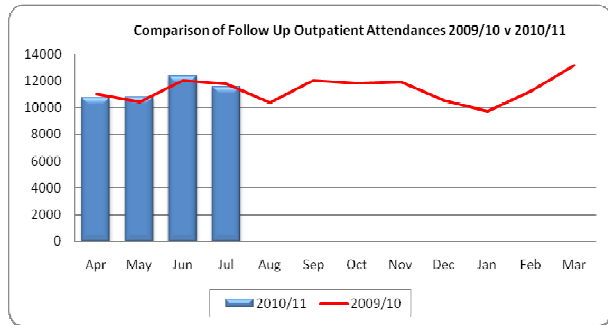
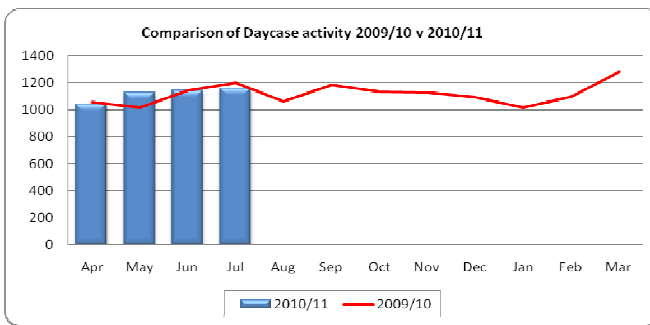
2) Operational Performance

2.1 Patients treated

Whilst the County Hospital was undoubtedly under pressure in the early part of the financial year, the table below demonstrates that for inpatients, the trend is comparable to the same period in 2009:-

Activity Type	April to July 2009	April to July 2010	Var (No's)	Var (%)
Daycase	4413	4481	68	1.5%
Elective Inpatients	1383	1326	-57	-4.1%
Total Elective	5796	5807	11	0.2%
Emergency	6757	6690	-67	-1.0%
Total Inpatient	12553	12497	-56	-0.4%
New Outpatients	20776	21328	552	2.7%
Follow Up Outpatients	44888	45547	659	1.5%
Total Outpatients	65664	66875	1211	1.8%





2.2 Accident & Emergency (4 hour waits)

Accident and Emergency activity levels in July were above 4000 attendances for the third month in a row. Year on year comparison shows an 8.4% increase in activity which equates to 321 more attendances than at the same stage last year.

Although the national target to see 98% of A&E attendances within 4 hours has been superseded, the Trust continues to work to this standard and an additional local objective of seeing 65% of patients within 2 hours. After a poor start to the year, 4 hour performance in July rose to 99.1% , with August expected to show further improvement. The 2 hour standard was also exceeded in early August.

The Accident & Emergency Unit was originally designed and built to see 125 patients per day. During one day in early July, 171 patients were seen which is the highest number recorded.

2.3 18 week access target

Although national reporting arrangements have ceased, patients have a legal right under the NHS Constitution to be treated in 18 weeks. The Trust’s performance against target is good at 99% for both admitted and non admitted patients. This has been consistently achieved over several months.

2.4 Delayed Discharges

The average number of delayed discharges in July reduced to 24 from 27 in the two previous months. This compares to a local target of 15 which has not yet been achieved. Of the delayed discharges, 62% (average 15) were awaiting transfer to a community hospital and 34% (average 8) for completion of health or social care assessment.

Improved joint working between acute, community and social care has developed apace in recent months with a number of initiatives either implemented or close to implementation:-

- ✚ Improved bed management
- ✚ Daily patient flow management meetings
- ✚ Community matrons working in HHT to identify patients to transfer
- ✚ Plan agreed to place a social worker and occupational therapist in A&E to avoid admissions and consider either care at home or direct admission to a community hospital.

The effects of all these initiatives should be reflected in the August statistics when available.

2.5 Healthcare Associated Infections (HCAI’s)

There were no post 48 hour MRSA bacteraemia cases during July 2010 and indeed, the Trust has had one post 48 hour MRSA bacteraemia this year to date (April – July 2010) against a ceiling of 2 for the year. During July there was 1 post 48 hour C-Difficile case and there were no deaths attributed to Clostridium difficile on the death certificate. For the year to date (end August) there have been 12 post 48 C-Difficile cases against a ceiling of 29.

During July 100% of emergency patients were screened for MRSA. On a similarly positive note, an audit of commode cleanliness in July showed 100% compliance.

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

2.6 Stroke Performance Improvements

In recent months the Trust has made concerted efforts to improve performance against key standards in stroke care with a number of actions routinely taken:-

- ✚ Daily reporting and review of stroke patient admissions
- ✚ Awareness raising amongst clinicians of the need to act quickly on stroke
- ✚ CT scans are requested by A&E as part of the initial assessment
- ✚ A side room on ASU remains empty for immediate transfer of patients to ASU
- ✚ One male and one female patient on ASU are identified for potential step down at all times

After indifferent results for the early part of the year, these actions are beginning to take effect as reflected in the statistics for August:-

Month	No of Strokes	No of patients thrombolysed	% Direct Admission to ASU	% CT scan within 24 hours of symptoms
August (up to 24 th)	31	2	87	74

The two patients thrombolysed in August were initially admitted to CCU for monitoring which has slightly reduced the direct admission rate although providing the appropriate level of care. Had the two patients been admitted to ASU, the % for direct admissions would be 93%. Work is underway to review whether monitoring post thrombolysis can be managed on ASU.

Since June 2010, all patients with a diagnosis of stroke have received a CT scan within 24 hours of request, 33% within 1 hour and 59% within 2 hours.

2.7 Finance

During July, the Trust’s actual income and expenditure position improved by £104k to a £740k deficit (£975k worse than the planned position). Whilst this situation does give cause for concern, sensible measures are being taken to control spending and discussions are also underway with the Strategic Health Authority about further action that may be taken. The Trust continues to report a breakeven outturn forecast to the Department of Health: this acknowledges the current position but requires the Trust to make every effort to manage the situation in the remaining months of the year.

3) Service and Site Development

3.1 Reprovision of Kenwater Ward

Following the closure and demolition of Kenwater Ward, the second phase of the internal ward reconfiguration is underway to facilitate the gradual closure of the hutted wards. Minor works to increase the size of Frome Ward will allow Teme Ward to swap with Wye Ward by the end of October and the development of an interim High Dependency Unit to be situated on Frome Ward. These works will be completed by 31 October 2010 with the result that there will be more medical beds in the main hospital but fewer elective orthopaedic beds.

On 31 October Leadon Ward will then be absorbed into the main hospital allowing Dore Ward to relocate to Leadon. The Dore ward hut will then be demolished, providing a clear site for the radiotherapy development due to commence in 2011.

Earlier this year an additional 9 beds were opened at Bromyard Community Hospital as a temporary measure to relieve pressure on beds at the County Hospital. This additional capacity, whilst temporary, will be retained as a contingency for as long as is required whilst the changes outlined above are made.

3.2 Macmillan Renton Unit

The Macmillan Renton Unit build has begun. Foundations are now complete with block and steel work underway. The project completion is planned for March 2011 with the opening scheduled for Spring 2011.

3.3 Equitable Access Centre / Urgent Care Centre

With regards to the development of a primary care facility on the County Hospital site, the PCT have agreed that the aim should be to focus on unscheduled use of primary care (24/7) and the deflection of inappropriate patients away from the hospital. A draft outline business case has been prepared for discussion with the PCT. Further work is needed to ensure the most optimum design given the impact on the County Hospital of wider changes in the health and social care system.

3.4 Replacement of Radiology Scanning Capacity




The Trust has allocated the replacement of both CT and MRI scanners as a priority in the 2010/11 capital programme with a full business case in preparation.

3.5 Radiotherapy

The development of a satellite radiotherapy facility on the County Hospital site, which is being managed by Gloucestershire NHS Foundation Trust, is still in the planning stage with the outline business case approved by Gloucestershire NHS Foundation Trust and Herefordshire PCT. The current focus is on confirmation of capital funding.

4) Integration of Health and Social Care

The programme encompasses three primary workstreams:-

-  Integrating and improving service delivery
-  Forming an integrated care organisation
-  Public and stakeholder engagement

4.1 Service Delivery

Real progress is being made in improving patient flow across the County. Patient flow from 1st September is being managed for the countywide bed stock from a single point. This will evolve into a single point of access for a range of services including Intermediate Care, Sitting Services and Rapid Response teams by the end of December 2010.

Our plans to develop community ‘Locality’ teams have taken a step forward following broadly positive feedback, in particular from the GP’s. The proposed model of care will see nurses, occupational therapists, physiotherapists, social workers and generic workers delivering care as a team across a number of neighbourhoods within each locality. The new teams are expected to be operational in skeleton form by the end of December.

As part of our plan to improve unscheduled care, an ‘Instant Care’ (Home Sitting Service) became operational at the beginning of September and will be provided through the County-wide

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Intermediate Care service. Initially only open to GP’s, the service will provide up to three days of home-based care to prevent unnecessary hospital admission.

The integration programme has also focused strongly on stroke services and following the approval of a Business Case by commissioners, a number of further improvements will be put into place over the coming months:-

- ✚ Improved access to TIA clinics
- ✚ Inpatient rehabilitation to be provided at Hillside
- ✚ Increased community rehabilitation

4.2 Integrated Care Organisation

The establishment of the Integrated Care Organisation (ICO) by 1st April 2011 is still on track and an initial submission to the Co-operation & Competition Panel (CCP) to seek approval for this transaction has been made. Due diligence (to ascertain the state of each organisations finance and governance regimes) has begun and will be completed by the end of September.

Over the coming months we will be engaging with staff and key stakeholders on developing the vision and values of the ICO. We will then begin the process of reviewing operational structures, redesigning the Board and consulting staff on the changes.

4.3 Public and Stakeholder Engagement

The next three months sees us engaging with the public and other stakeholders including staff to ensure that everyone has the chance to engage with the integration programme. An engagement document is now available and over the coming weeks roadshows will take place in care settings across the County. As part of this programme, an engagement event has been organised for Health Scrutiny Committee and other Council members for 30th September 2010 at the Council Chambers in Brockington.

Martin Woodford
Chief Executive
Hereford Hospitals NHS Trust