

**HEALTH SCRUTINY COMMITTEE MEETING
21st JANUARY 2011**

**CHIEF EXECUTIVE'S UPDATE REPORT
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 December 2010. A summary briefing on key developmental issues for the organisation is also provided.

2) Operational Performance

2.1 Winter Pressures

The County Hospital, in common with acute providers across the country, has been under significant pressure over the last two months, experiencing an upsurge in emergency admissions at the same time as adverse weather conditions. This has undoubtedly impacted on performance, particularly in terms of Accident & Emergency waiting times and elective surgery cancellations, as the subsequent sections of this report demonstrate.

On a positive note, there has been excellent collaboration across the health and social care community to respond to these pressures with twice daily multi-agency conference calls taking place to:-

- ✚ Review capacity against patient demand
- ✚ Expedite patient discharge or transfer to the most appropriate care setting

The Trust has also reopened Dore Ward (15 beds) on a temporary basis and maintained an additional 10 beds at Bromyard Community Hospital to help ease the pressure. As a consequence, available general and acute bed capacity during this period has been maintained at 229 beds, the equivalent of a year ago, although the ambition remains to close Dore Ward as the shift towards care closer to home begins to work through.

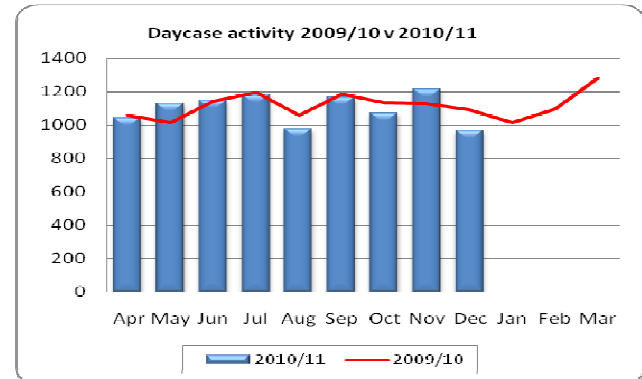
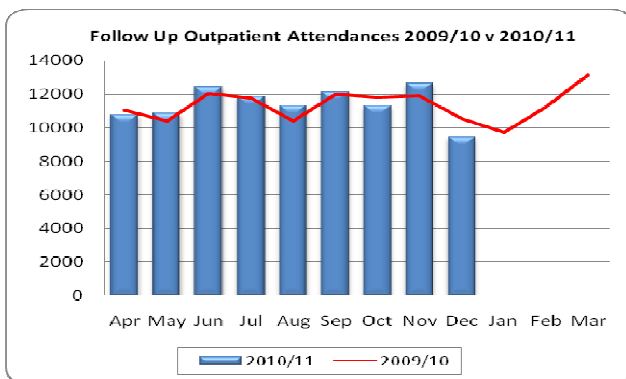
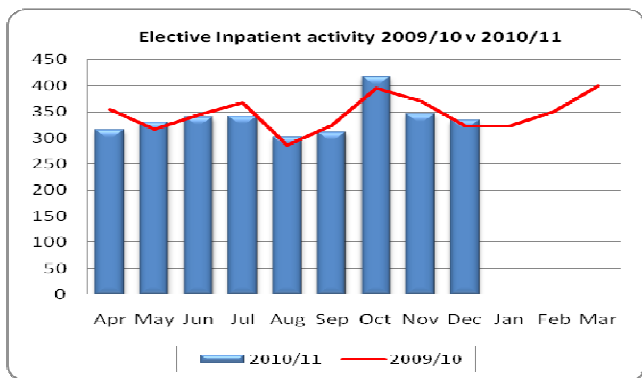
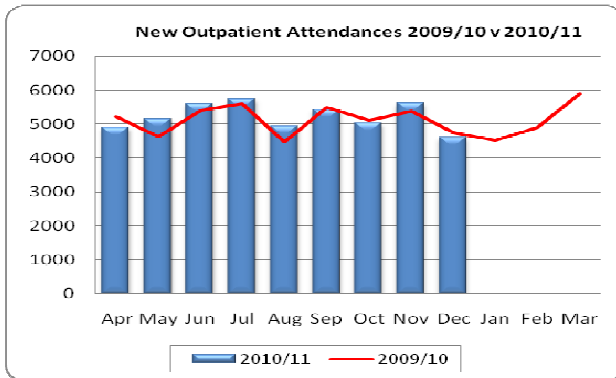
2.2 Patients treated

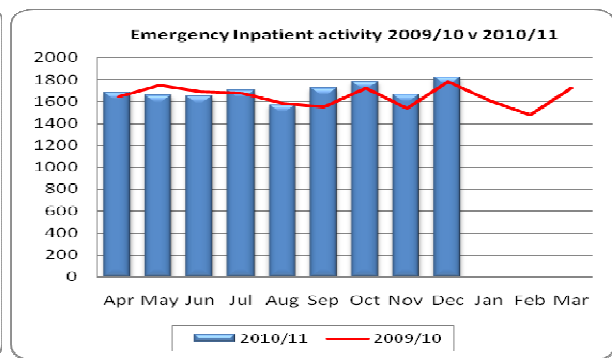
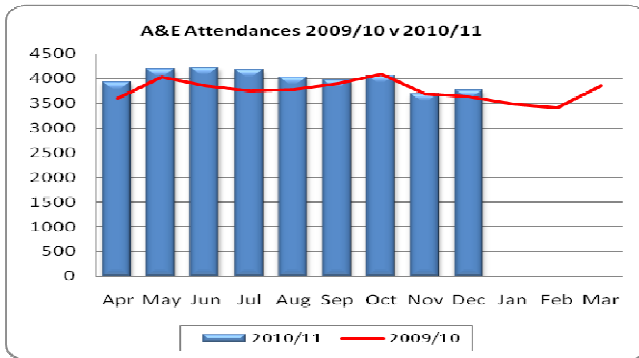
The table below provides a comparison of activity and attendances between 2009 and 2010 for April to December. Effectively elective activity to date is down on 2009 by 1.2% whilst emergency activity is significantly higher (2.1%). Overall inpatient and daycase throughput has increased by 159 (0.6%).

Outpatient activity is down overall but showing an increase in new attendances. December, in particular, shows a reduction over last year in follow up appointments which is consistent with the commissioners overall strategy.

Health Scrutiny Committee – Chief Executive’s Update Report

Activity Type	April to December 2009	April to December 2010	Var (No's)	Var (%)
Daycase	10009	9903	-106	-1.1%
Elective Inpatients	3081	3033	-48	-1.6%
Total Elective	13090	12936	-154	-1.2%
Emergency	14935	15248	313	2.1%
Total Inpatient	28025	28184	159	0.6%
New Outpatients	46593	46976	383	0.8%
Follow Up Outpatients	103281	102630	-651	-0.6%
Total Outpatients	149874	149606	-268	-0.2%
A&E	34326	36030	1704	5.0%





2.3 Accident & Emergency (4 hour waits)

Accident and Emergency activity levels in November and December were 3692 and 3758 respectively with December showing an increase over last year. Year on year comparison for April to December shows a 5% increase in attendances.

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. Monthly performance for December 2010 showed 93.48% of patients treated within 4 hours and 50% within 2 hours. The Trust’s cumulative performance year to date against the 4 hour target is 96.12%.

Ambulance turnaround within 30 minutes for December was 72.7% against a target of 78.4%. This is being monitored on a daily basis in conjunction with the West Midlands Ambulance Service.

2.4 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 in both October and November 2010. This has been consistently achieved over several months. There has, however, been an increase in cancellations of surgery in both November and December due to the winter pressures.

2.5 Delayed Transfer of Care

Delayed Transfers of Care have continued to reduce with only 3 patients delayed on the December ‘snapshot’ date and with 247 patients occupying a bed this equates to performance of 1.2% which is significantly better than any previously reported position. This also falls well below the SHA tolerance of 4%.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
HHT Performance	15.0 %	10.1%	17.2%	14.1 %	9.7%	4.5%	6.1 %	3.6 %	1.2%
Number of patients whose transfer of care is delayed at midnight on the last Thursday of the reporting period	35	26	39	29	21	11	15	9	3
Patients occupying an acute hospital bed at midnight on the last Thursday of the reporting period	234	257	227	206	217	242	246	251	247

2.6 Healthcare Associated Infections (HCAI’s)

There have been 2 post 48 hour MRSA bacteraemia cases during the nine months to the end of December 2010 against a ceiling of 2 for the year and similarly 24 post 48 hour C-Difficile cases against a ceiling of 29 for the year.

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

2.7 Stroke Care Improvements

The Trust has continued to make efforts to improve performance against key standards in stroke care with a number of actions routinely continuing, including:-

- ✚ 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 the Stroke Unit (ASU) is kept empty for immediate receipt of patients
- ✚ One male and one female patient on the Stroke Unit are identified for potential step down at all times

In the period April to November 2010, a total of 236 patients with stroke were admitted to the County Hospital. Of those;

- ✚ 196 (83.1%) were excluded thrombolysis on clinical grounds
- ✚ 13 (5.5%) were thrombolysed
- ✚ 27 (11.4%) arrived at a time when thrombolysis was not available

Patients who are thrombolysed are routinely admitted to CCU, before transfer to the Acute Stroke Unit. Actions are being taken both internally at the County Hospital and across the local stroke network to develop a 24/7 thrombolysis service to tackle this.

Work is continuing on the development of a Stroke Rehabilitation Unit at Hillside to run alongside the existing Intermediate Care Centre. Additional medical, nursing and therapy staff are being recruited. The first group of stroke patients are already at Hillside and are benefiting from additional specialist input. The Trust is also recruiting a second stroke physician and aims to have a locum in place ahead of a substantive appointment.

2.8 Finance

The Trust was in deficit by £417k at the end of November. The key factors impacting on this position, as in previous months, were the high levels of agency medical staff required to cover sickness and vacancies, the costs associated with the service integration programme and of running additional community beds in order to help relieve the significant bed pressures being felt at the hospital.

Subsequently, following discussions with the Strategic Health Authority, the Trust has been allocated £1.4m from the Strategic Change Reserve (SCR) which will cover the costs of the integration project together with other non-recurrent cost pressures. Given the residual risk that the Trust will not break even, even after the funding support, a number of actions remain in place to improve the position, including tight control of non clinical recruitment.

3) Service and Site Development

3.1 Ward Reconfiguration / Closures

The programme of works to reconfigure bed capacity within the main hospital building has now been completed with the consequence that:-

- ✚ Trauma bed capacity has been increased and elective orthopaedic capacity correspondingly decreased
- ✚ The Stroke Unit has been relocated to Wye Ward
- ✚ An interim High Dependency Unit has been established on Frome Ward
- ✚ Surgical inpatient activity is now concentrated on the adjacent Leadon and Monnow Wards

Dore Ward did close as planned in October 2010 but in response to bed pressures has been reopened until such time as these have been managed out through the redesign of services.

3.2 Macmillan Renton Unit

Building work continues apace on the Macmillan Renton Unit with opening still scheduled for spring 2011, in spite of some delay caused by adverse weather conditions.

3.3 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 which is expected shortly.

4) Integration of Health and Social Care

4.1 Service Delivery

Good progress continues to be made on the key milestones of the service delivery programme.

Unscheduled Care

Significant progress is being made on the overarching unscheduled care system by bringing together providers to work as a whole system. Work is being structured into three workstreams taking a whole system view for implementing changes. Initial priorities for each of the workstreams have been identified as follows:

Operational Infrastructure

- ✚ Single Point of Access
- ✚ Patient Flow
- ✚ Admission and Discharge
- ✚ Service Directory

Community Provision

- ✚ Intermediate Care
- ✚ Instant Care

- ✚ Rapid Response
- ✚ Engaging West Midlands Ambulance Service
- ✚ Care Coordination/Patient Passport

Acute Provision

- ✚ Admission avoidance
- ✚ Clinical Decision Unit
- ✚ Emergency Department
- ✚ GP Services

Locality (Neighbourhood)Teams

Neighbourhood teams went ‘live’ across Herefordshire on the 31st December 2010. Interim Locality Manager and Neighbourhood Team Managers have been recruited from within the existing health and social care teams.

Key elements of the current programme to develop neighbourhood teams include:

- ✚ Training for the “generic” community support worker role
- ✚ An ongoing competency and skills training programme
- ✚ Use of a resource allocation tool
- ✚ Workforce modelling

Stroke Care

Following approval by commissioners of the Stroke Business Case in September 2010, a phased tactical delivery plan is being implemented in order to deliver a number of improvements to the pathway. The latest version of the plan was presented to the Unplanned Care Workstream on the 16th December 2010.

The development of the Hillside Centre to become the single site in-patient Stroke rehabilitation unit continues. The centre opened 6 stroke beds as part of the first phase of the plan on the 22nd November 2010. Further phases of the plan include:

- ✚ The second phase of the Hillside development which will see a total of 12 beds opened on 28th February 2011, once recruitment and training is complete
- ✚ The third phase of the Hillside development will see a total of 18 beds opened on 4th June 2011 once the staff management of change process is complete and the consultant post recruited to
- ✚ Plans to improve TIA clinic and thrombolysis delivery performance by making best use of specialist nursing posts, networks with other providers (including the use of Telehealth systems) and internally widening the scope of the clinical team providing these services.

Frail Older People

Improving services for older people, particularly those with multiple conditions is a key element of the whole programme of work. This workstream has been focussing upon the whole pathway of care for an older person and, therefore, incorporates the locality, risk stratification and unscheduled care workstreams. The two current priority projects for this workstream are:

- ✚ Risk stratification – using patient/service user data to identify those most at risk of hospital admission

- ✚ Joint single health and social care assessment - operational teams are currently developing an implementation plan to use joint single assessment to assess those that have been identified through the risk stratification process.

4.2 Formation of Integrated Care Organisation (ICO)

Formal approval has now been received from the NHS Cooperation & Competition Panel to proceed with the formation of the ICO by April 2011. The sponsor organisations have agreed locally that this is subject to NHS Herefordshire / Hereford Hospitals NHS Trust Board approval in February of a suitable business case demonstrating service / financial viability and to Council Cabinet approval of a S.75 agreement for the ICO to provide adult social care.

The formation of the ICO will need to be dovetailed carefully with the creation of a Joint Venture Company for Shared Services and with the contracting out of mental health services to Together NHS Trust, both of which are also planned for April 2011.

With less than three months to ICO “go live”, significant attention is being focused on:-

- ✚ The legal formation of the ICO from the statutory body of Hereford Hospitals NHS Trust, backed by appropriate agreements and transfer arrangements
- ✚ The formation of the Board for the ICO along with appropriate operational management arrangements
- ✚ The TUPE transfer of the PCT provider services staff to the ICO in accordance with due process and the secondment of adult social care staff with the S.75 agreement
- ✚ The engagement of staff in defining the mission, ethos and values of the new organisation
- ✚ The formulation of the robust workforce and financial plan for the ICO to underpin the service strategy and first year Business Plan.

Martin Woodford
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Hereford Hospitals NHS Trust