

ITEM: 5

MEETING: Trust Board – 19 September 2007

TITLE: Access Performance Report – July 2007

ACTION: For Information

REPORT FROM: Liz Whitehurst – Information Analyst

SUMMARY:

The attached report provides performance information for the month of **July 2007**.

The majority of targets remain unchanged. Outpatient, diagnostic and elective inpatient and day case waiting times are reported against the in year target we are required to meet as we progress towards the 18 week referral to treatment time.

All targets or milestones were met in July with the following exceptions:

1 Breach of the cancer 62 day GP referral to treatment target

15 C Diff in over 65 year olds

Activity comparisons of note:

Elective admissions 18.3% higher then YTD 2006/7

340 deliveries in the month of July – highest on record and 9.4% growth on 2006/7 YTD

GP referrals 7.3% higher when compared with July 2006 but overall no change YTD.

SPONSORED BY: Kate Slemeck – Director of Operations

Financial Validation

N/A

Lead: Director of Finance

Compliance with statute, directions, policy, guidance

Lead: All directors

Compliance with Healthcare Commission Core/Developmental Standards

Lead: Director of Nursing & Clinical Development

Reference:

Healthcare Commission Core Standards

Compliance with Auditors' Local Evaluation standards (ALE)

Lead: Director of Finance

Reference:

A Summary of Health and Social Care Standards

Standard	Criteria	Target	July	YTD
Priority I: Improve the Health of the Population				
<i>Reducing Mortality from Heart Disease</i>				
Wait from GP Referral until Seen in RACP Clinic	% seen within 14 days	100%	100%	100%
Wait from Call until Needle for Thrombolysis	% treated within 1 hour	68%	See Note 1	
<i>Reducing Mortality from Cancer</i>				
Wait from GP Referral until Seen	% seen within 14 days	98%	100%	99.6%
Wait from Decision to Treat until Treatment	% treated within 31 days	98%	100%	100%
Wait from GP Urgent Referral until Treatment	% treated within 62 days	95%	93.9%	96.2%
<i>Reducing inequalities in Infant Mortality</i>				
Smoking in pregnancy at time of delivery	% of deliveries	<17%	14.2%	10.1%
Rate of Breastfeeding at birth	% of deliveries	78%	89.3%	88.7%
Priority II: Supporting People with Long-Term Conditions				
<i>Reducing emergency bed days</i>				
Number of emergency bed-days	5% Reduction by 2008	TBC	6,120	28,415
Days lost to delayed transfers of care	Reduced to minimal Level	TBC	103	756
Number of DTOC patients as a % of all patients	% of total patients	<=3.5%	0.9%	2.0%
Priority III: Access to Services				
<i>Ensuring that existing national access standards are maintained</i>				
Total treatment time in ED	% within 4 hours	98%	98.7%	98.7%
<i>Ensuring that by 2008 no-one waits more than 18 weeks from GP referral to hospital treatment – March 2007 milestones</i>				
Wait from GP Referral until Seen as Outpatient	% waiting within 11 weeks	97%	100%	
Wait from Decision to Treat until Admission	% waiting within 20 weeks	97%	99.3%	
Wait for MRI Scan appointment	% waiting within 13 weeks	100%	100%	
Wait for CT Scan appointment	% waiting within 13 weeks	100%	100%	
Wait for Ultrasound appointment (non-obstetric)	% waiting within 13 weeks	100%	100%	
All other diagnostic tests	% waiting within 13 weeks	100%	100%	
<i>Ensuring that by 2008 no-one waits more than 18 weeks from GP referral to hospital treatment – March 2008 milestones</i>				
Wait from GP Referral until Seen as Outpatient	% waiting within 5 weeks	-	82%	
Wait from Decision to Treat until Admission	% waiting within 11 weeks	-	88%	
Wait for MRI Scan appointment	% waiting within 6 weeks	-	65%	
Wait for CT Scan appointment	% waiting within 6 weeks	-	94%	
Wait for Ultrasound appointment (non-obstetric)	% waiting within 6 weeks	-	76%	
All other diagnostic tests	% waiting within 6 weeks	-	85%	
Priority IV: Patient Experience				
<i>Supporting patient choice and booking</i>				
Choice of dates offered for Outpatient Appointments	% of new referrals	100%	100%	100%
Choice of dates offered for Elective Admission	% of decisions to treat	100%	100%	100%
<i>Ensuring patient right of redress following cancelled operations</i>				
Operations cancelled for non-clinical reasons	% of elective admissions	<0.7%	0.7%	0.66%
Offers of new binding date	% within 28 days	100%	100%	100%
<i>Reducing Infections (mandatory surveillance items)</i>				
MRSA Bacteraemia Rates (1000 bed days)	London Benchmark	0.22	0	0.19
Number of MRSA Infections	60% Reduction from 06/07	12	0	8
C. Diff Rates per 1000 bed days for Patients over 65	Trust Benchmark	1.77 (2005)	3.49	2.85
Number of C. Diff Infections for Patients over 65	Trust Benchmark	136 (2005)	15	53

Activity Summary

Activity Type	2006/07			2007/08			
	06/07 Total	06/07 YTD	Jul-06	Jul-07	% Change on Month	07/08 YTD	% Change on Year
ED Attendances	84,890	29,587	7,761	6,879	-11.4%	27,823	-6.0%
Emergency Admissions	16,772	5,376	1,405	1,287	-8.4%	5,603	4.2%
Elective Admissions	2,724	851	245	268	9.4%	1,007	18.3%
Day Cases	12,825	4,136	1,012	1,160	14.6%	4,463	7.9%
Maternity Deliveries	3,535	1,140	317	340	7.3%	1,247	9.4%
GP Referrals	44,788	15,358	3,759	4,034	7.3%	15,361	0.0%
First Outpatient Attendances	60,740	19,966	5,061	5,364	6.0%	20,626	3.3%
Follow Up Outpatient Attendances	130,114	42,891	11,223	10,520	-6.3%	43,118	0.5%
Total Outpatient Attendances	190,854	62,857	16,284	15,884	-2.5%	63,744	1.4%

Note: Outpatient activity based on general and acute specialties only

Priority I: Improve the Health of the Population

Improving the health of the population focuses upon health promotion and ill health prevention, seeking to keep people out of the care system wherever appropriate. Reducing mortality for a number of key areas such as cancer and heart disease are public health targets set out in 'Our Healthier Nation' to be met by 2010. The main focus for the Trust are the condition-specific access targets, whilst the others included focus on reducing infant mortality.

1.1 Reducing Mortality from Heart Disease

There are two standards from the *National Service Framework for Coronary Heart Disease* that form part of the national performance targets. These standards concern GP access to Rapid Access Chest Pain services and the availability of thrombolytic drugs following an ambulance arrival at ED.

1.1.1 CHD NSF Access Times

- ✓ **100% of GP referrals to Rapid Access Chest Pain Service were seen within 2 weeks**
- *The Trust is not currently required to report Call to Needle Times due to the low number of eligible patients.*

1.2 Reducing Mortality from Cancer

The interventions which will result in the largest reductions in deaths from cancer by 2010 are earlier detection; shorter waiting times for diagnosis and treatment along the care pathway (as set out in the NHS *Cancer Plan*); and optimal treatment and support of people diagnosed as having cancer.

1.2.1 Cancer Plan Access Times for All Sites

The following are based on *provisional* figures for **July's** performance:

- ✓ **100% of GP urgent referrals were seen within 14 days from the referral date**

14 day standard	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Breaches	0	1	0	1	0	0	1	1	0	1	1	0
Patients	159	128	150	135	130	138	119	160	125	150	135	140

✓ 100% of patients were treated within 31 days of decision to treat for all cancers

31 day standard	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Breaches	0	0	0	0	0	0	0	0	0	0	0	0
Patients	38	28	34	28	34	36	40	40	32	29	25	31

✗ 93.9% GP urgent referrals were treated within 62 days from the referral date

62 day standard	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Breaches	0	0	1	0	1	1	0	1	1	0	0	1
Patients	7.0	11.0	13	13.5	16	17	17	14	15.5	11	9	16.5

The half 62-day Upper GI breach reported in June's HMB was eventually discovered to not be a breach. Following discussions in the MDT the patient was given hormone treatment on day 62. However, there was a 62-day Urology breach in July.

On the day of the appointment his notes could not be found. A member of the clinic reception staff sent the patient away. They were subsequently too unwell to attend straight afterwards but treatment eventually commenced on 18 July (Day 63 after stop-the-clock calculations). A number of improvements have been put in place to reduce the risk of this happening in future. Outpatient staff have been instructed to speak to the doctors before sending any patients away. Medical records have escalated their requests for missing notes for target patients to all Whittington staff. There is ongoing monitoring of notes missing for clinics and improvements in place and planned to reduce our numbers of missing notes in future. There is ongoing work to track Urology patient pathways to ensure diagnostic tests are not a bottleneck in the pathway; this links to our work on improving pathways for meeting the 18 weeks target.

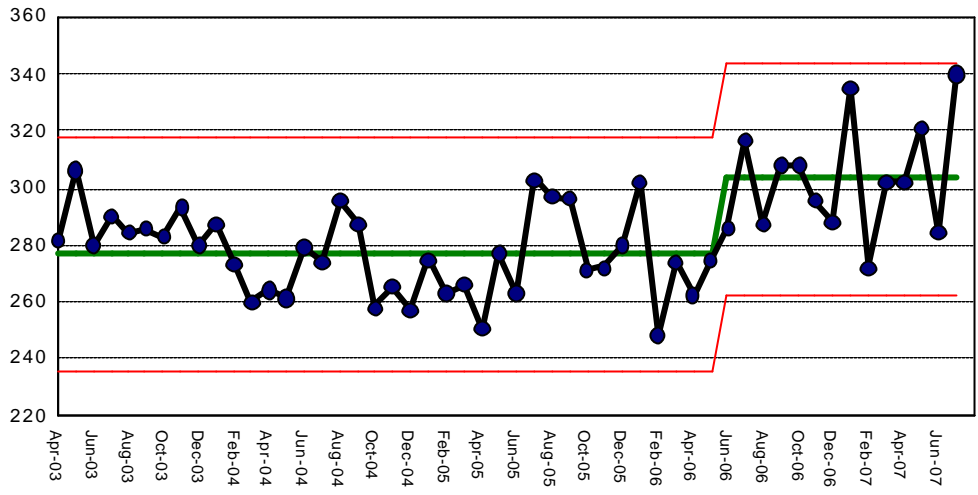
1.3 Reducing inequalities in health outcomes for infants

Key interventions for this Trust in reducing health inequalities includes a focus on reducing smoking during pregnancy and breastfeeding initiation rates.

1.3.1 Activity Context: Deliveries

There were **340** deliveries in July. There has been a sustained period of high numbers of deliveries in recent months with July seeing the highest number of deliveries since April 2003. A step change has been added to the chart to reflect this rise.

Figure 1: Deliveries Since April 2003

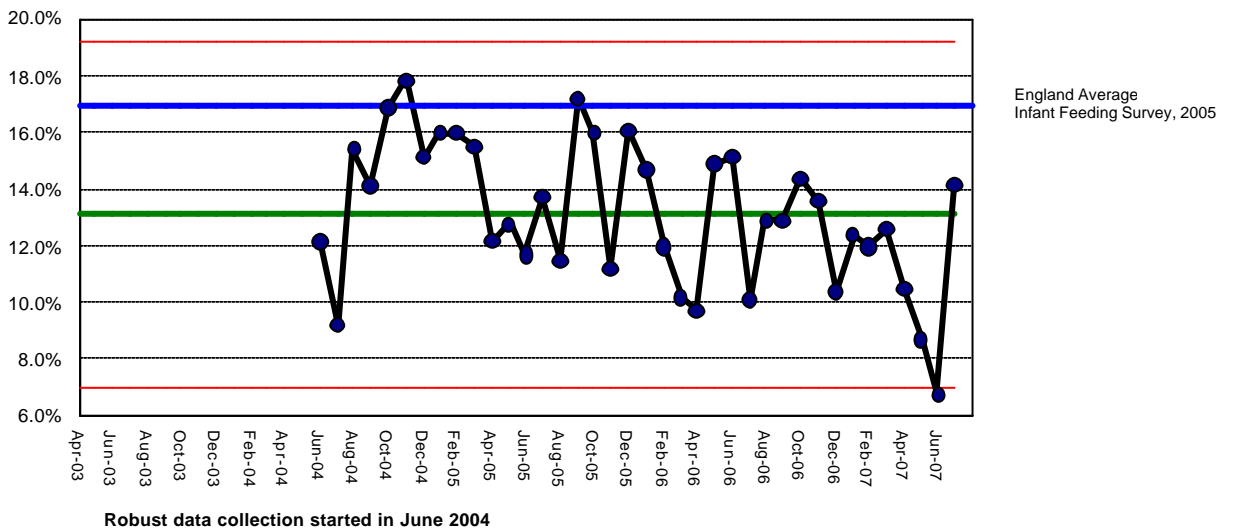


Smoking in Pregnancy

✓ 14.2% of mothers delivering in July 2007 were known to be smokers.

Smoking during pregnancy is reported at three points: 12 months before the pregnancy; at booking; and at the time of delivery. The data in figure 2 measures mothers smoking at time of delivery. The smoking rate at delivery has been recorded as below the England average for twenty-two consecutive months, with June showing the lowest rate since reporting began in 2004, and below the control limit.

Figure 2: Mothers Known to be Smoking (at Delivery) Since June 2004

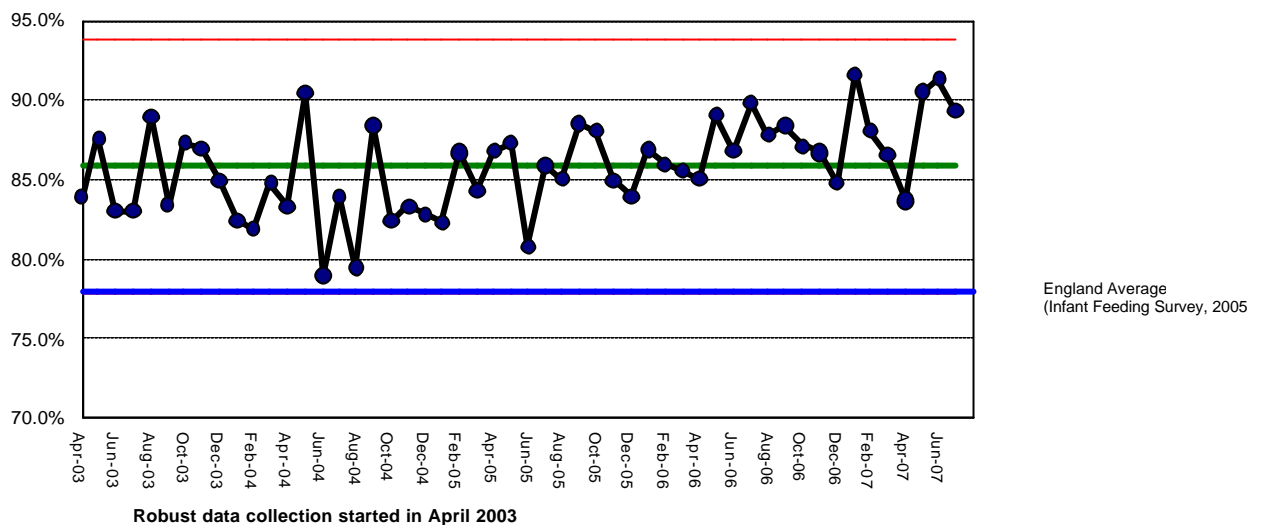


1.3.2 Breastfeeding Rate

✓ 89.3% of mothers delivering in July 2007 initiated breastfeeding at birth.

Figure 3 demonstrates the Trust's breastfeeding initiation rates as consistently being well above the England average (measured in 2005). Contributing to these high rates is our postnatal support midwife who has helped with providing additional support to mothers whilst they are initiating breastfeeding. We also have a dedicated breastfeeding working group which trains all staff and health care assistants in the team to support mothers with feeding, and a Speech and Language Therapist who provides specialist advice and support to mothers who are experiencing problems.

Figure 3: Breastfeeding Rate Since April 2003



Priority II: Supporting People with Long-Term Conditions

This priority area is designed to avoid the need for hospitalisation by promoting better self-care and treatment in a community setting or in people's homes. The principle area of focus for this Trust is the DH target to reduce emergency bed days by 5% (using the 2003/04 total as a baseline).

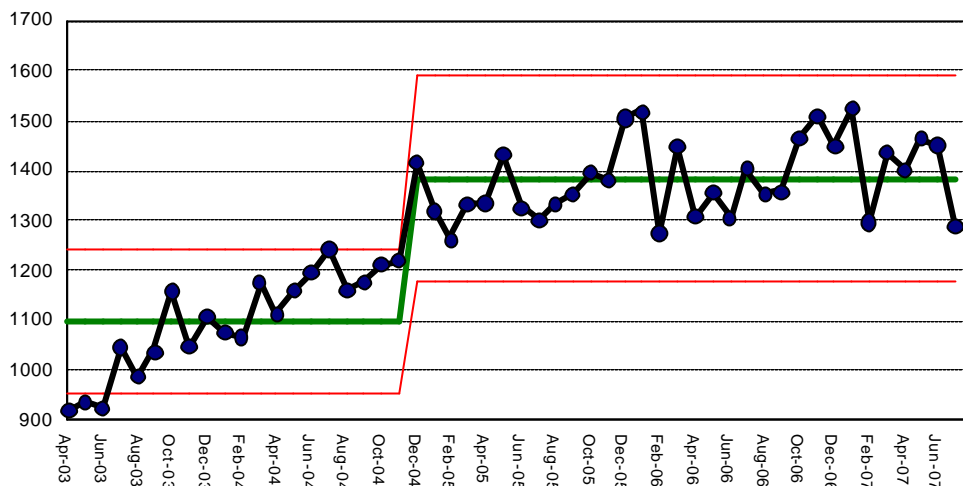
2.1 Reducing Emergency Bed Days

Reducing emergency bed days is a key service improvement project for 2007/08 for the Trust. Partner organisations in primary care are also keen to reduce hospitalisation through improvements in care delivered in primary care and community settings.

2.1.1 Activity Context: Emergency Admissions

Emergency admissions by month are shown in Figure 4. The step change in the chart in November 2004 shows that we are admitting on average nearly 1400 patients each month. This is an increase of almost 300 admissions on the average for 2003/04.

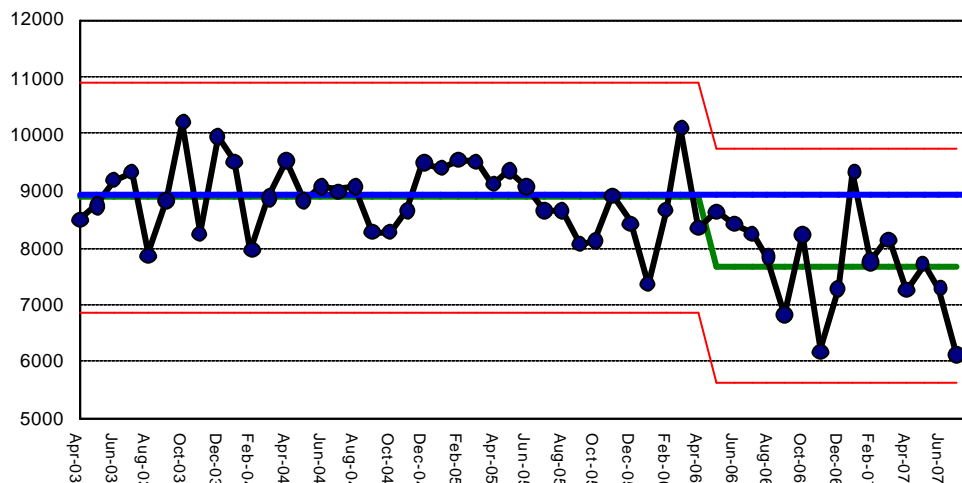
Figure 4: Emergency Admissions Since April 2003



2.1.2 Emergency Bed Days

Emergency bed days are shown in Figure 5. In order to achieve a 5% reduction on the 2003/04 total, the average for 2007/08 needs to remain below the blue goal line. A step change has been added to the chart to show the downward trend since June 2006, with July showing the lowest number since April 2003.

Figure 5: Emergency Bed Days Since April 2003

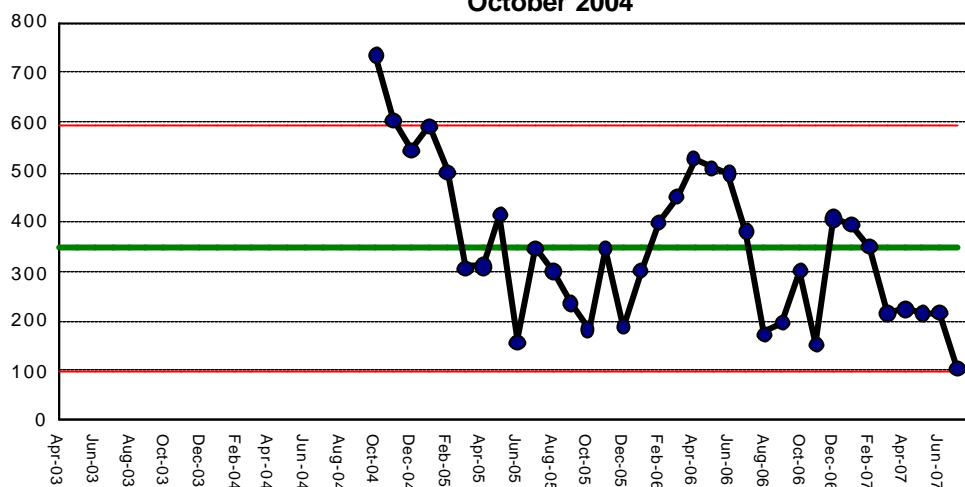


2.1.3 Delayed Transfers of Care

2007/08 Target

Delayed transfers of care can significantly affect the Trust’s ability to achieve the required reduction in emergency bed days. Figure 6, below, depicts the number of days delayed in each month since data was first collected in October 2004. July is showing the lowest number of DTOC days since reporting began in January 2005.

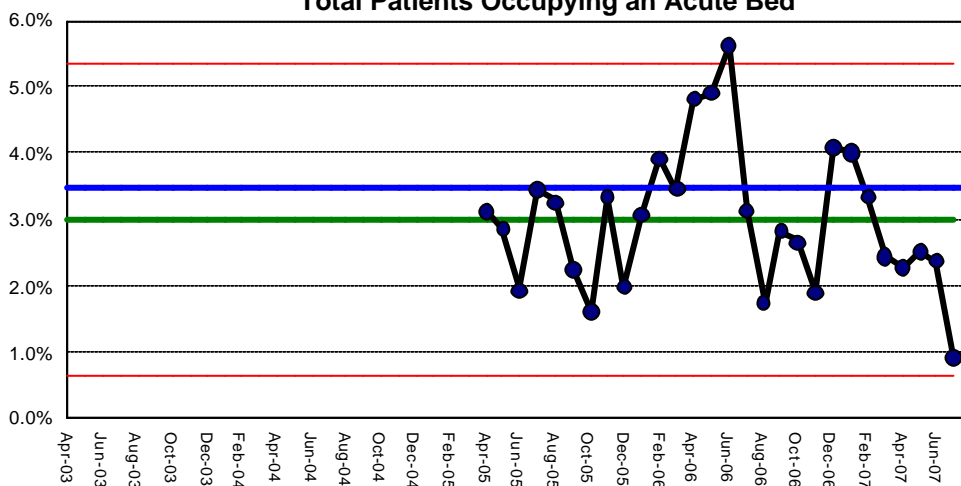
Figure 6: Total Days Delayed from Delayed Discharges of Care from October 2004



Mandatory data collection started in January 2005

Figure 6a below shows the percentage of patients occupying an acute hospital bed who were a delayed discharge. The threshold for this indicator is 3.5% and is monitored from the weekly SitRep submission. Apart from a significant peak in June 2006, this has remained fairly steady, and the average is below the maximum threshold.

Figure 6a: Patients with Delayed Discharges of Care as a Percentage of Total Patients Occupying an Acute Bed



Priority III: Access to Services

Ensures that people have fair and prompt access to care, to the point where waiting should no longer be an issue for the majority of service users. The key national target in this area is the drive to ensure that no one waits more than 18 weeks for the total patient journey from referral to treatment by 2008. There are a number of trajectory standards to be met for the constituent parts of the patient journey, which for this year will be measured separately. Additionally, existing national access targets must be maintained.

3.1 National Access Standards

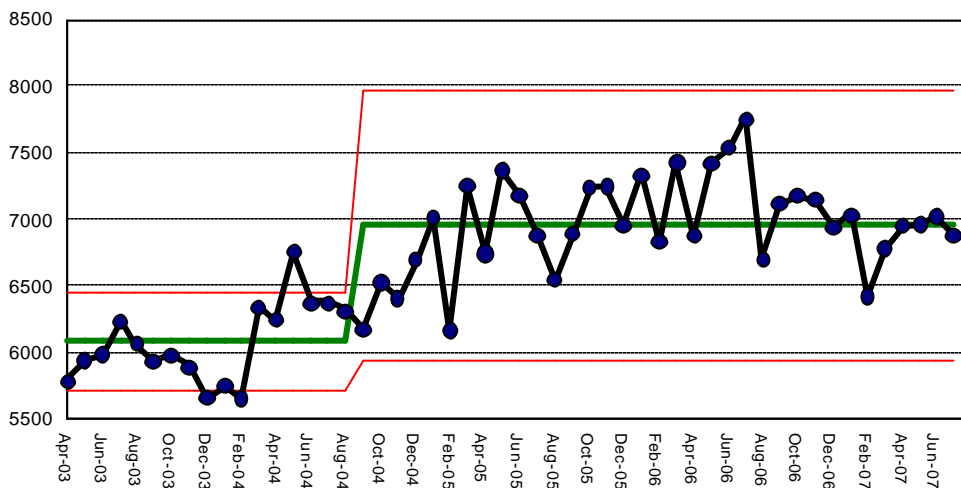
This section includes the national access standards that this organisation is required to maintain. The core standards that are to be met are in the Emergency Department, during waits for admission, and during waits for a consultant appointment.

3.1.1 Activity Context: Emergency Department Attendances

There were 6,879 Emergency Department attendances in July 2007. This is 11.4% lower than the same period last year.

The 'Right Care Right Place' initiative, which provides alternative choices to primary care patients presenting at the ED was introduced in January 2007. In July, 102 RCRP patients directed from ED. RCRP attendances are included in the total figure above, however the Trust does not receive any payment from the PCT for them.

Figure 7: ED Attendances Since April 2003



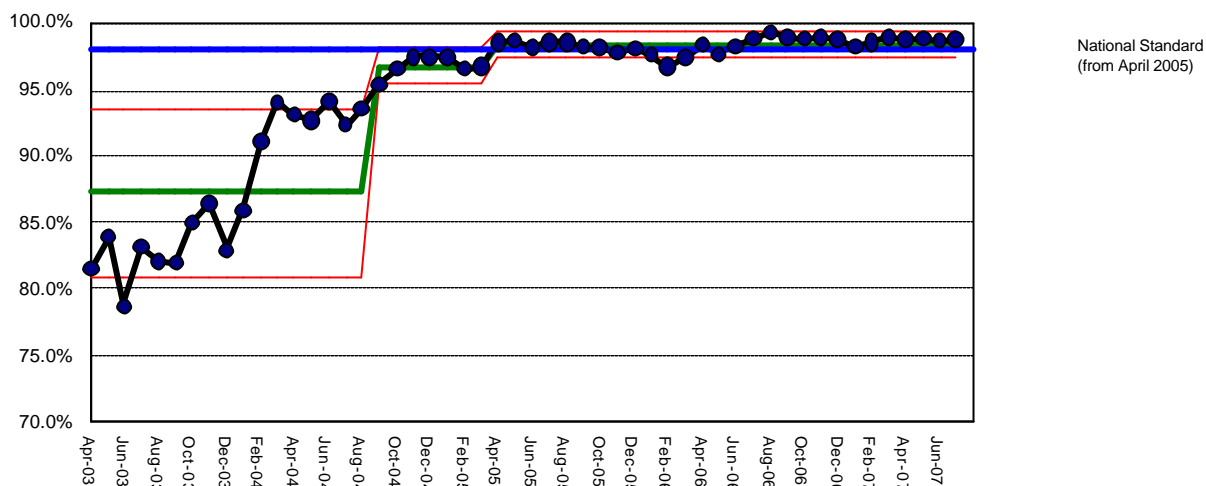
3.1.2 ED Access

Access to the Emergency Department remains a key standard, which requires 98% of attendances to wait no longer than four hours from arrival until admission, discharge, or transfer (to another provider).

- ✓ ED performance was 98.7% in July 2007. The YTD position is also above 98%.

Figure 8, shows the monthly pattern of performance over the last three years. We are now performing consistently against this target, with 14 consecutive months over 98%.

Figure 8: ED Waits - % ADT Within 4 Hours Since April 2003



Performance in this area in 2002/03 averaged 60% rising to 70% in 2003/04.

3.1.3 Outpatient Access Times

Reducing waiting times for outpatients is a rolling programme initiated by the five year *NHS Plan* published in 2000.

✓ *The NHS Plan standards have been maintained into July 2007.*

3.1.4 Inpatient Access Times

As with the outpatient waits, the *NHS Plan* specified a number of waiting list targets to be achieved by December 2005 and maintained throughout 2007/08.

✓ *The NHS Plan standards have been maintained into July 2007.*

3.1.5 Diagnostic Access Times

There are two sets of targets introduced to monitor waits for diagnostic tests. The first is an absolute maximum wait set at 13 weeks. The second is based on the principle of offering patients the choice of a scan at another provider following a wait of over 13 weeks.

✓ *Both sets of standards were met in July 2007.*

3.2 Meeting the 18-Week Target

Following on from the *NHS Plan*, a period of eighteen weeks from referral to treatment has been publicised by the Department of Health as the maximum time patients should expect to wait by the end of 2008. In order to make progress towards this target, there are a number of expected milestones to be achieved for each of the constituent parts of the total patient journey by March 2008.

- ✓ **100%** of patients wait less than 11 weeks to see a consultant in outpatients
- ✓ **99.3%** of patients wait less than 20 weeks for admission following a decision to treat
- ✓ **100%** of patients wait less than 13 weeks for a diagnostic test

The trajectories for meeting the March 2008 milestone are very steep and current performance is:

- ✓ **82%** of patients wait less than 5 weeks to see a consultant in outpatients
- ✓ **88%** of patients wait less than 11 weeks for admission following a decision to treat
- ✓ **77%** of patients wait less than 6 weeks for a diagnostic test

The Healthcare Commission is developing an indicator on referral to treatment time milestones and final construction will be published shortly.

Priority IV: Patient Experience

This priority is concerned with the provision of information and promotion of choice, in pursuit of delivering a positive experience to ensure that service provision is more consumer focused.

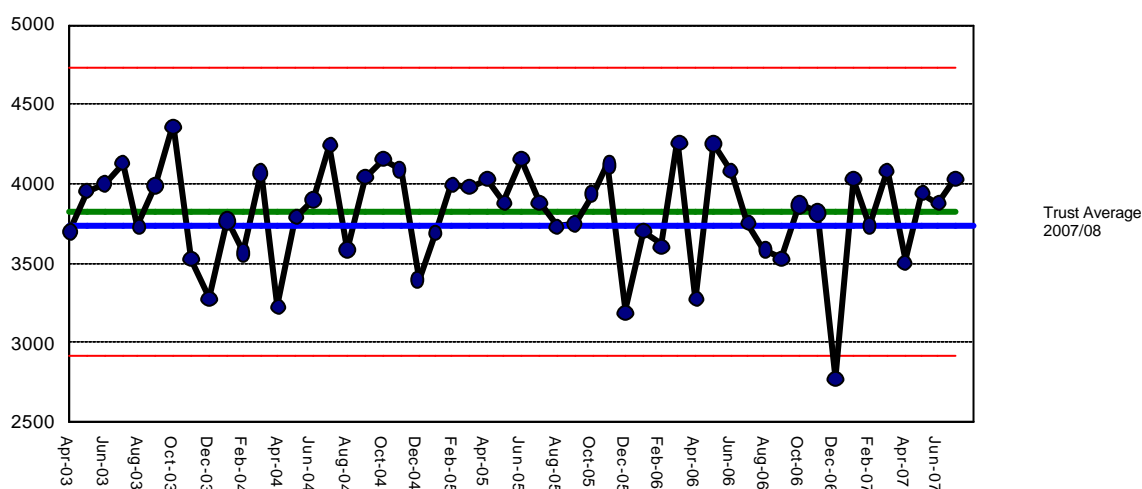
4.1 Supporting Patient Choice and Booking

Within the Choose and Book programme, targets have been set to monitor the level of choice of dates for treatment being offered to patients on the waiting list and those referred to us by a GP in the usual manner. Choice in this context includes but also extends beyond the e booking of appointments at the point of referral.

4.1.1 Activity Context: GP Referrals

Whilst GP referrals have remained static over the last three years, December saw a significant drop in the number of referrals (even lower than previous Decembers). Although the position has recovered in January with an above average referral rate, it is too early to conclude whether we are experiencing any changes in overall GP referral behaviour.

Figure 9: GP Referrals Since April 2003



4.1.2 Choice of Dates Offered to Patients

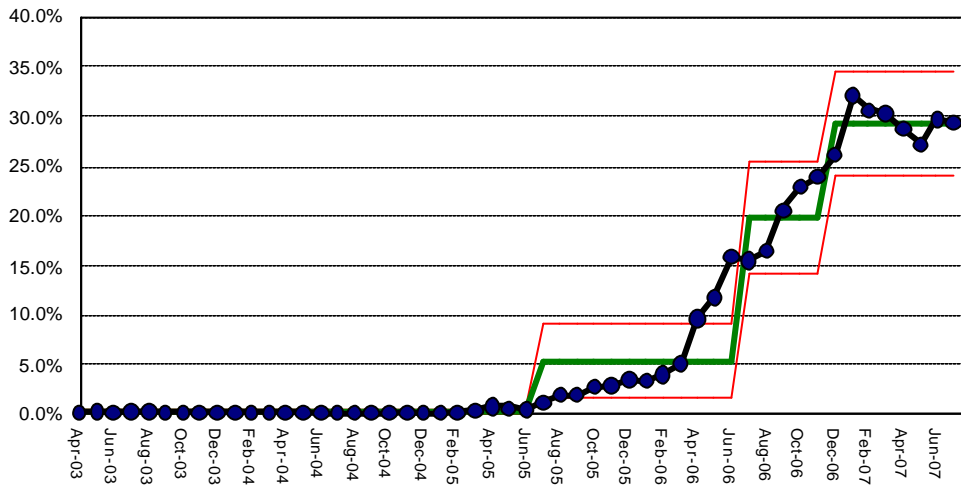
The 100% target took effect from January 1st 2006 and we achieved this across all types of booking for the month.

✓ Both the elective and the outpatient targets were **achieved**.

4.1.3 Electronic Bookings

Figure 10 shows the level of electronic bookings made by local GPs to this Trust since April 2003. The data clearly depicts the take-off of the new programme in March 2005, and another significant increase in April 2006, as practices are financially 'incentivised' to electronically book patients. After three months of plateau around July 2006, there was a continued rise until January, at which point the level has started to drop again. There have been a total of **1,185** electronic referrals in **July 2007**, with 25-30% of referrals being made electronically.

Figure 10: Choose and Book (electronic) Referrals Since April 2003



From January 2003 until May 2004, a limited number of GPs could book appointments using Revive software. This was replaced in October 2004 by the Choose and Book programme.

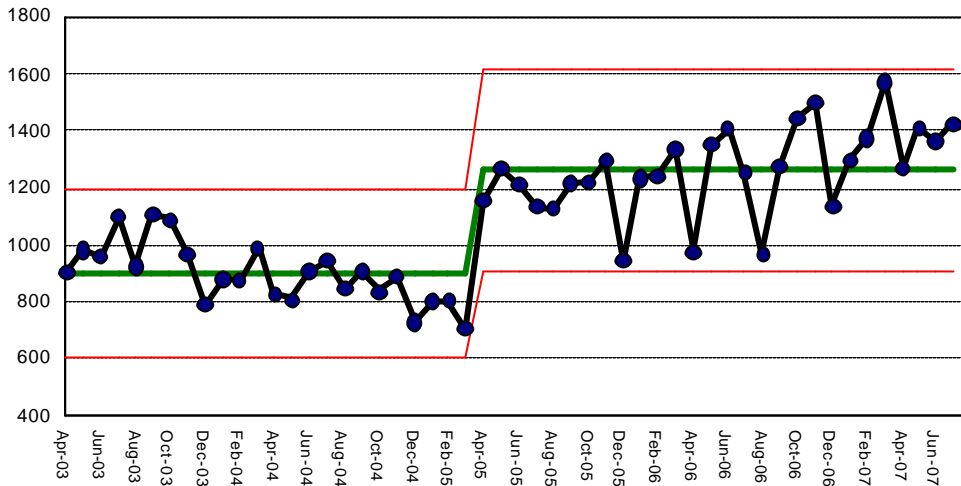
4.2 Ensuring Right of Redress following Cancelled Operations

The Trust is expected to maintain a low rate of elective operations cancelled for non-clinical reasons. Any patient whose operation was cancelled on the day has the right to be rebooked for admission within 28 days of the cancellation. This date is binding and patients who are subject to breaches of this standard are entitled to choose another time and hospital funded at the expense of this Trust.

4.1.4 Activity Context: Elective Admissions

Total elective admissions are shown in figure 11. Reclassifying certain procedures as day cases (previously counted as outpatients) is partly responsible for the large shift upwards from April 2005.

Figure 11: All Elective Admissions Since April 2003



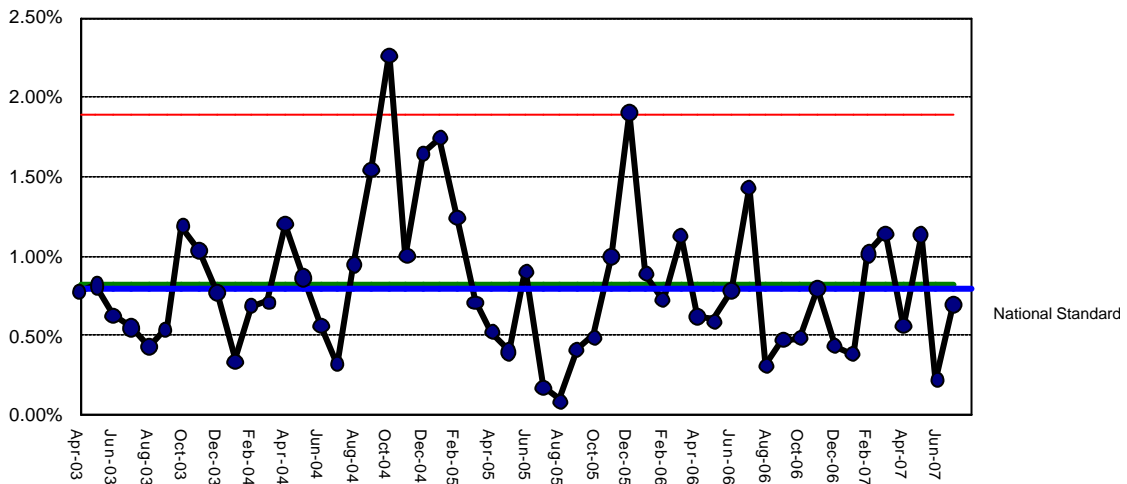
4.1.5 Cancelled Operations on the day for non-clinical reasons

✓ *At 0.7% this standard was just met in July 2007.*

The cancelled operation rate for the last three years is shown in figure 12 against the national standard.

There were **10** operations cancelled for non-clinical reasons in July 2007.

Figure 12: Elective Cancellation Rate Since April 2003



4.1.6 Cancelled Operations Rebooked within 28 Days

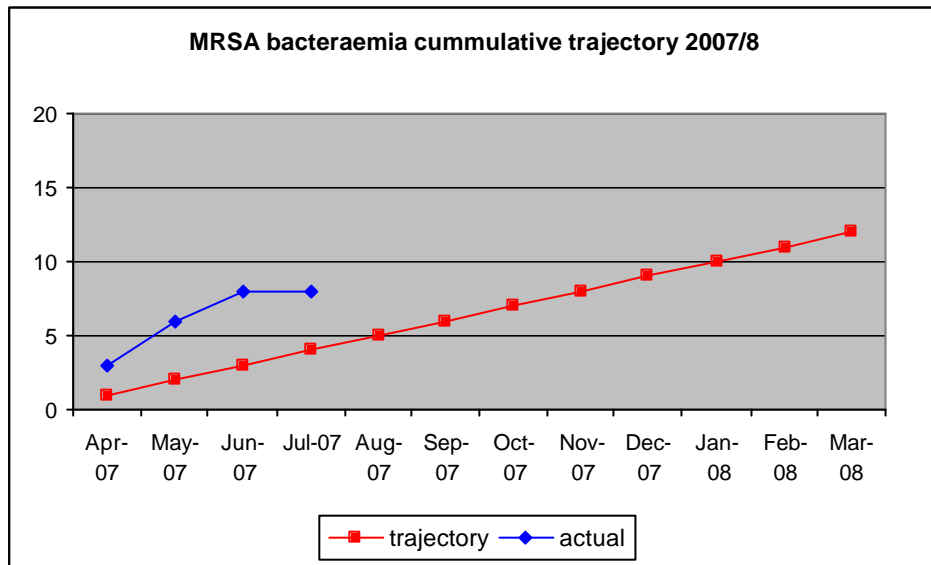
✓ *100% of cancelled operations were rebooked within 28 days.*

4.3 Reducing Infections

The Trust is expected to achieve year on year reductions in MRSA levels and other health care associated infections subject to mandatory surveillance.

4.3.1 MRSA bacteraemia

- ✓ There were 0 new incidences of MRSA bacteraemia in July, the first month with no infections since October 2005. This year, the full year trajectory ceiling is 12.



4.3.2 Clostridium difficile

The incidences of C.Diff infections are more common than MRSA .

- ✗ There have been **15.5** Clostridium Difficile Infections for Patients aged over 65 in July 2007 which is exceeding the trajectory by 39%.

