The Whittington Hospital NHS
NHS Trust

ITEM: 9

MEETING:	**Trust Board**
DATE:	**21 November 2007**

TITLE:	**Access Performance Report - September 2007**

Summary:

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

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

1 breach of the cancer 62 day GP referral to treatment target – this breach also means that we have fallen below the 95% threshold for this target in Q2.
1 breach of the cancer 14 day GP referral to first seen target
18 on the day hospital cancellations for non-clinical reasons
1 breach of the hospital cancellation 28 day target
12 C Difficile infections in over 65 year olds

Activity Comparisons of interest:
9% (630) reduction in ED Attendances for the month when compared with September 2006
4% reduction in emergency admissions in the month compared with September 2006
No change in GP referrals

ACTION:	**For Information**
REPORT FROM:	**Liz Whitehurst, Information Analyst**
SPONSORED BY:	**Kate Slemeck - Director of Operations**

Financial details supplied/checked by: Not Applicable

Recommendations contained within this paper have been checked for compliance with relevant statute and regulations/directions/policy as follows:
Healthcare Commission Annual Health Check

A Summary of Health and Social Care Standards

Standard	Criteria	Target	Sep	YTD
Priority I: Improve the Health of the Population				
Reducing Mortality from Heart Disease				
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	
Reducing Mortality from Cancer				
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%	91.7%	94.6%
Reducing inequalities in Infant Mortality				
Smoking in pregnancy at time of delivery	% of deliveries	<17%	10.3%	10.2%
Rate of Breastfeeding at birth	% of deliveries	78%	91.5%	89.6%
Priority II: Supporting People with Long-Term Conditions				
Reducing emergency bed days				
Number of emergency bed-days	5% Reduction by 2008	TBC	6,578	43,776
Days lost to delayed transfers of care	Reduced to minimal Level	TBC	141	1,040
Number of DTOC patients as a % of all patients	% of total patients	<=3.5%	1.4%	1.9%
Priority III: Access to Services				
Ensuring that existing national access standards are maintained				
Total treatment time in ED	% within 4 hours	98%	98.6%	98.6%
*Ensuring that by 2008 no-one waits more than 18 weeks from GP referral to hospital treatment – **March 2007 milestones***				
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%	99.5%	
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%	
*Ensuring that by 2008 no-one waits more than 18 weeks from GP referral to hospital treatment – **March 2008 milestones***				
Wait from GP Referral until Seen as Outpatient	% waiting within 5 weeks	-	80%	
Wait from Decision to Treat until Admission	% waiting within 11 weeks	-	86%	
Wait for MRI Scan appointment	% waiting within 6 weeks	-	62%	
Wait for CT Scan appointment	% waiting within 6 weeks	-	81%	
Wait for Ultrasound appointment (non-obstetric)	% waiting within 6 weeks	-	75%	
All other diagnostic tests	% waiting within 6 weeks	-	49%	
Priority IV: Patient Experience				
Supporting patient choice and booking				
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%
Ensuring patient right of redress following cancelled operations				
Operations cancelled for non-clinical reasons	% of elective admissions	<0.7%	1.34%	0.84%
Offers of new binding date	% within 28 days	95%	94.4%	98.6%
Reducing Infections (mandatory surveillance items)				
MRSA Bacteraemia Rates (1000 bed days)	London Benchmark	0.22	0.09	0.15
Number of MRSA Infections	60% Reduction from 06/07	12	1	10
C. Diff Rates per 1000 bed days for Patients over 65	Trust Benchmark	1.77 (2005)	2.76	2.66
Number of C. Diff Infections for Patients over 65	Trust Benchmark	136 (2005)	12	91

Notes:
The table above contains the performance measures, which the Trust must continue to monitor in 2007/8. Current month and Year To Date (YTD) performance is colour coded against target. Green shading indicates that Trust performance is at or above the required standard. Amber indicates that the Trust is below the standard, whilst red shading indicators that the Trust has to significantly improve its performance if it is to achieve its goals.
1 The Trust is not likely to receive enough eligible patients (min 20) to be assessed against this indicator.

Activity Summary

	2006/07			2007/08			
Activity Type	06/07 Total	06/07 YTD	Sep-06	Sep-07	% Change on Month	07/08 YTD	% Change on Year
ED Attendances	84,890	43,390	7,110	6,472	-9.0%	40,820	-5.9%
Emergency Admissions	16,772	8,089	1,359	1,304	-4.0%	8,439	4.3%
Elective Admissions	2,724	1,252	251	239	-4.8%	1,492	19.2%
Day Cases	12,825	5,975	1,021	1,107	8.4%	6,868	14.9%
Maternity Deliveries	3,535	1,735	308	310	0.6%	1,887	8.8%
GP Referrals	44,788	22,472	3,531	3,531	0.0%	22,619	0.7%
First Outpatient Attendances	60,740	29,790	4,853	4,904	1.1%	30,799	3.4%
Follow Up Outpatient Attendances	130,114	64,680	10,929	9,647	-11.7%	65,346	1.0%
Total Outpatient Attendances	190,854	94,470	15,782	14,551	-7.8%	96,145	1.8%

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*

o *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 **September's** performance:

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

14 day standard	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Breaches	0	1	0	0	1	1	0	1	1	0	0	0
Patients	150	135	130	138	119	160	125	150	139	143	169	122

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

31 day standard	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Breaches	0	0	0	0	0	0	0	0	0	0	0	0
Patients	34	28	34	36	40	40	32	29	25	36	40	26

× *90.9% GP urgent referrals were treated within 62 days from the referral date*

62 day standard	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Breaches	1	0	1	1	0	1	1	0	0	1	1.5	1
Patients	13	13.5	16	17	17	14	15.5	11	9	17	19.5	12

There was a 62 day Urology breach in September. Following diagnostic tests the patient was not deemed to have cancer, however a biopsy undertaken highlighted malignancy for which the patient was treated with hormones but not within the 62 day time period. The appropriate level of escalation was not implemented. As a result of the low volumes of patients treated under the 62 day rule, a small number of breaches can have a significant impact on performance against target. We have now dropped below the 95% threshold for Q2. A formal action plan has been written and escalation procedures tightened and this will be monitored monthly to prevent any further re-occurrence.

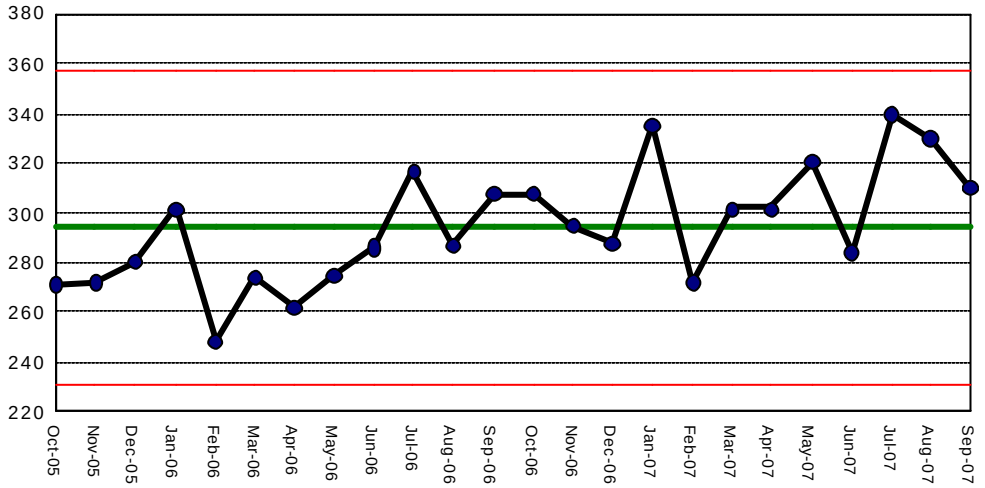
1.3 Reducing inequalities in health outcomes for infants

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 **310** deliveries in September. The upper and lower control limits in figure 1 demonstrate that the number of deliveries is quite unpredictable, with anything between 230 and 355 per month being within the normal range.

Figure 1: Deliveries Since October 2005

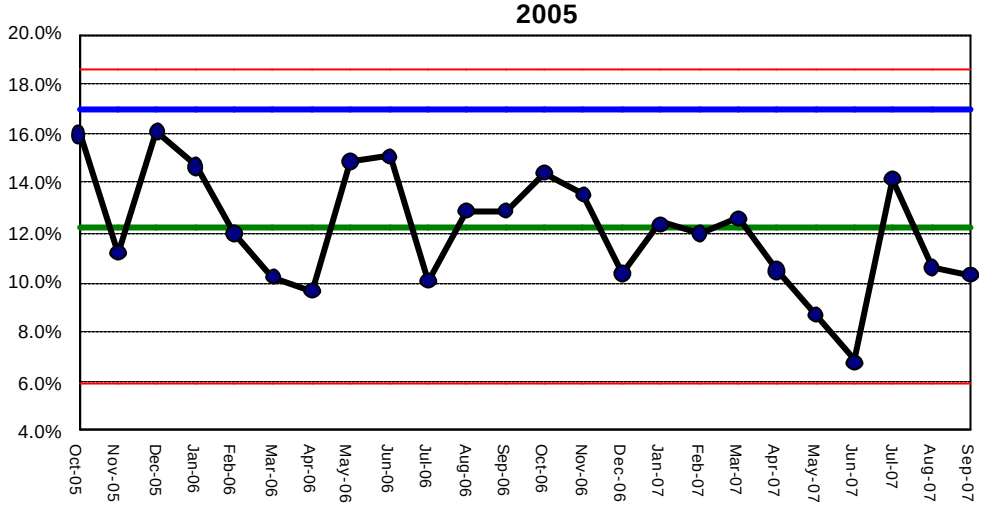


Smoking in Pregnancy

✓ *10.3% of mothers delivering in September 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 the last two years.

Figure 2: Mothers Known to be Smoking (at Delivery) Since October 2005



England Average
Infant Feeding Survey, 2005

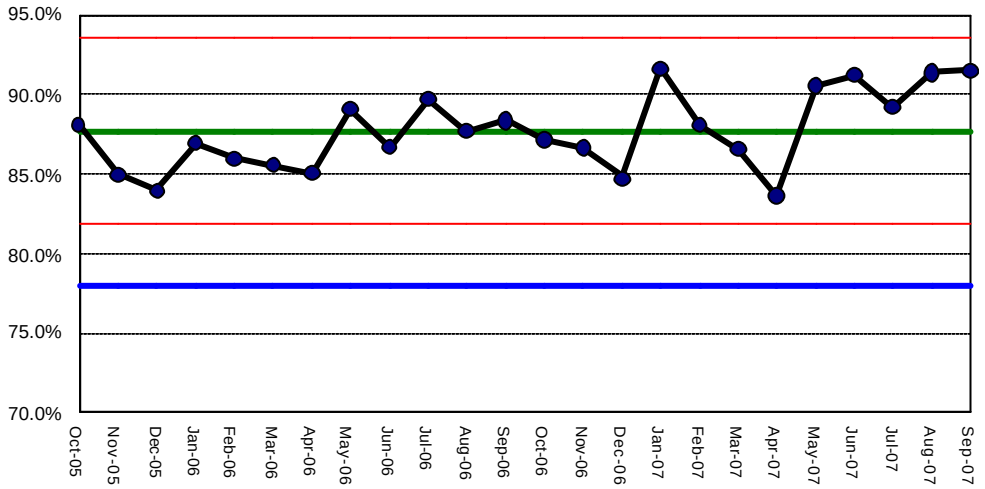
Robust data collection started in June 2004

1.3.2 Breastfeeding Rate

✓ *91.5% of mothers delivering in September 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 October 2005



England Average
(Infant Feeding Survey, 2005

Robust data collection started in 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).

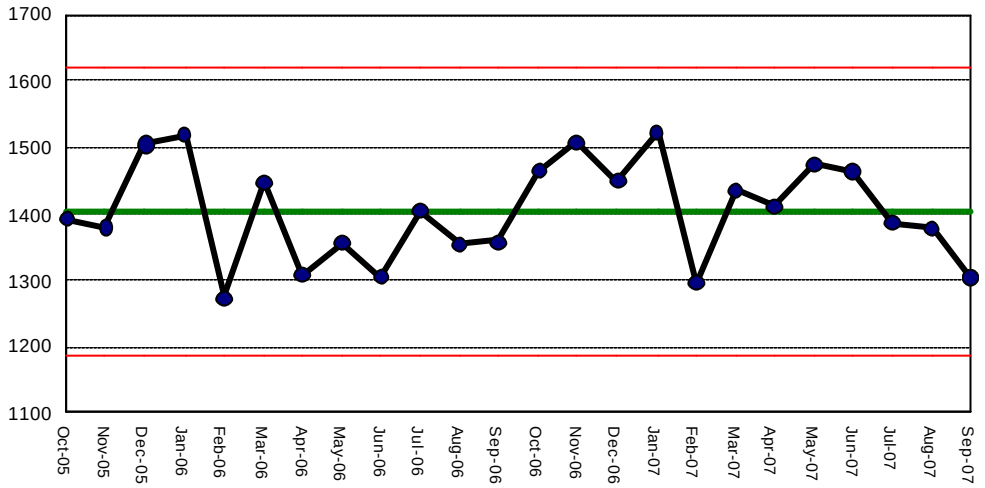
2.1 Reducing Emergency Bed Days

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. Admissions over the last two years have been relatively stable.

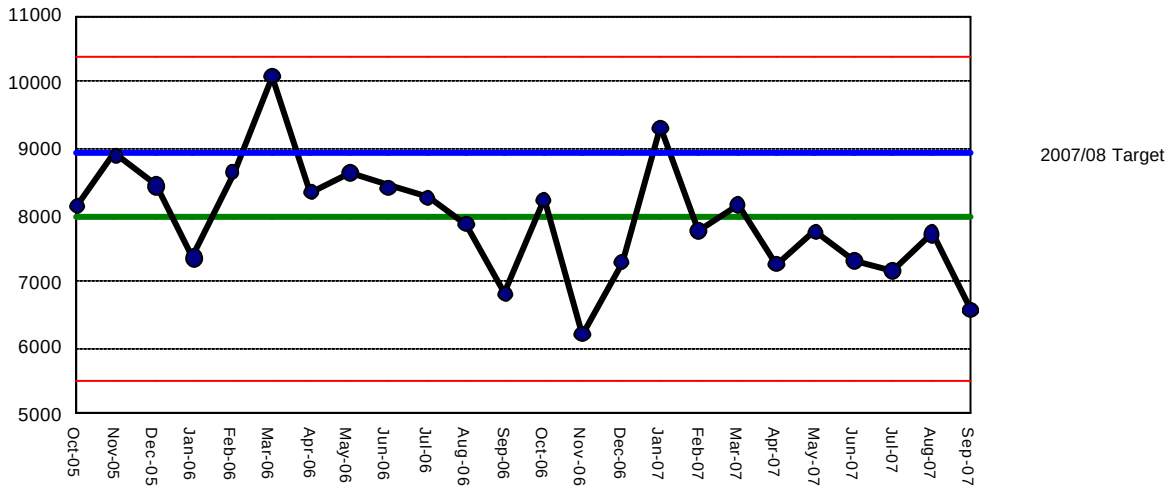
Figure 4: Emergency Admissions Since October 2005



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, and we are seeing a downward trend in emergency bed day usage.

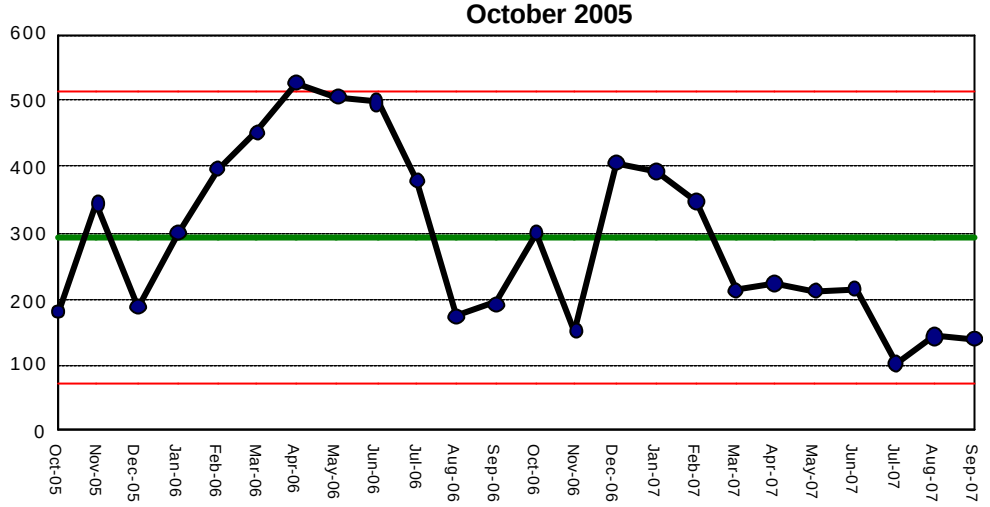
Figure 5: Emergency Bed Days Since October 2005



2.1.3 Delayed Transfers of Care

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. With seven points already below the average, if there is another month below the average, a step change will be added to demonstrate the downward trend in days lost to delayed discharges.

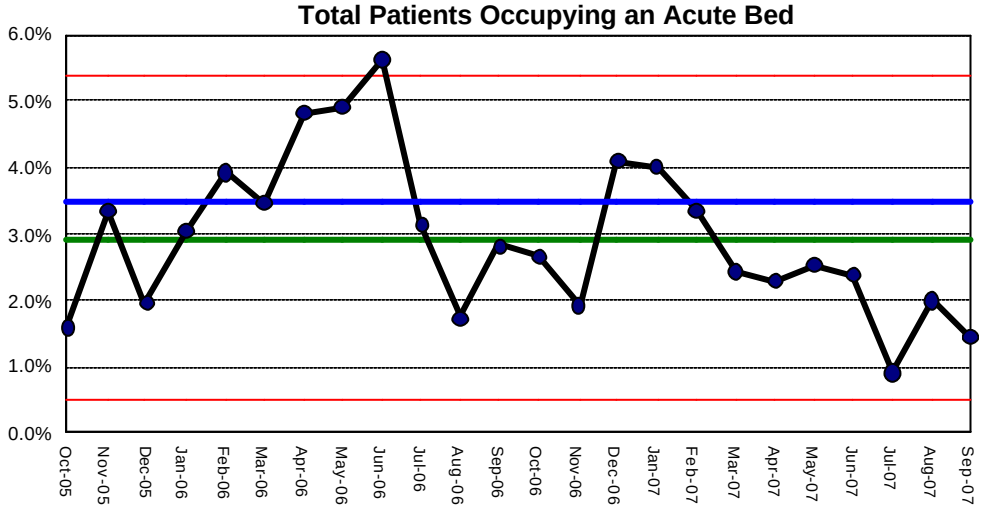
Figure 6: Total Days Delayed from Delayed Discharges of Care from October 2005



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. The average is below the maximum threshold, and a continued downward trend will result in a step change next month if it continues.

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

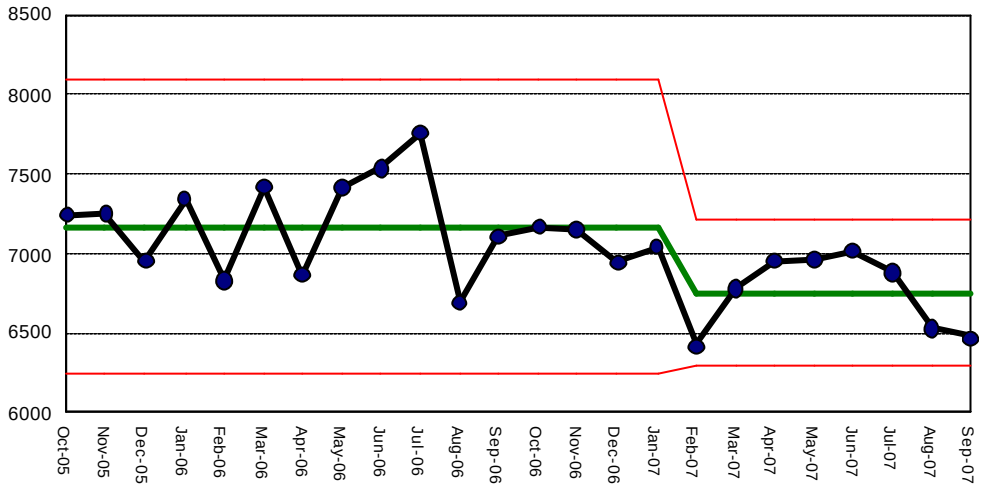
This section includes the national access standards that this organisation is required to maintain. The core standards that are to be met are in the Emergency Department, during waits for admission, and during waits for a consultant appointment.

3.1.1 Activity Context: Emergency Department Attendances

There were 6,472 Emergency Department attendances in September 2007. This is 5.9% reduction when compared with 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 September, 131 RCRP patients were 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 October 2005



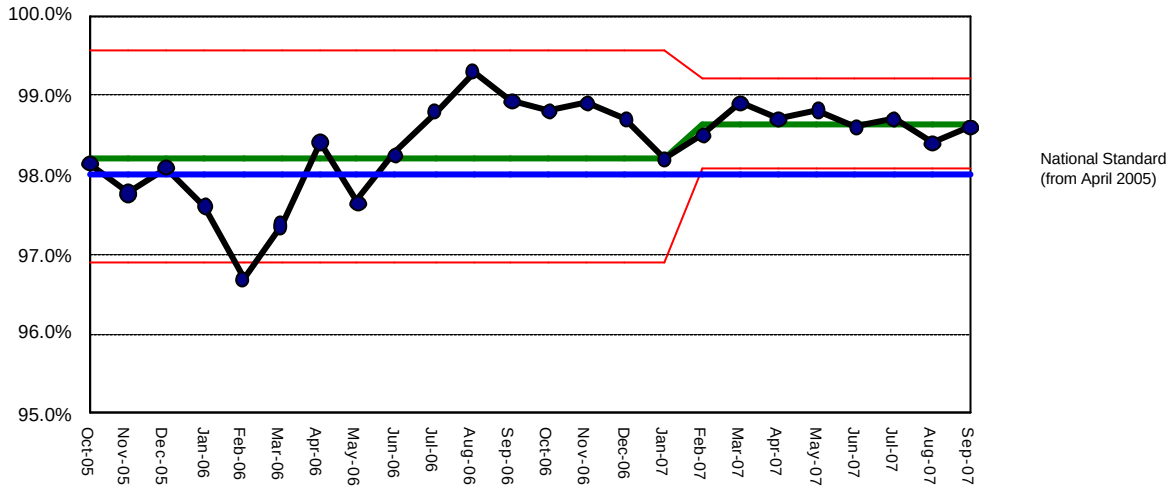
3.1.2 ED Access

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 98.6%* in September *2007. The YTD position is also above 98%.*

Figure 8, shows the monthly pattern of performance over the last two years. We are now performing consistently against this target, and the lower control limit is also now above 98%.

Figure 8: ED Waits - % ADT Within 4 Hours Since October 2005



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 September 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 September 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 September 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 by March 2008 for each of the constituent parts of the total patient journey.

✓ **100%** of patients wait less than 11 weeks to see a consultant in outpatients
✓ **99.5%** 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:

- ✓ **80%** of patients wait less than 5 weeks to see a consultant in outpatients
- ✓ **86%** of patients wait less than 11 weeks for admission following a decision to treat
- ✓ **67%** 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.

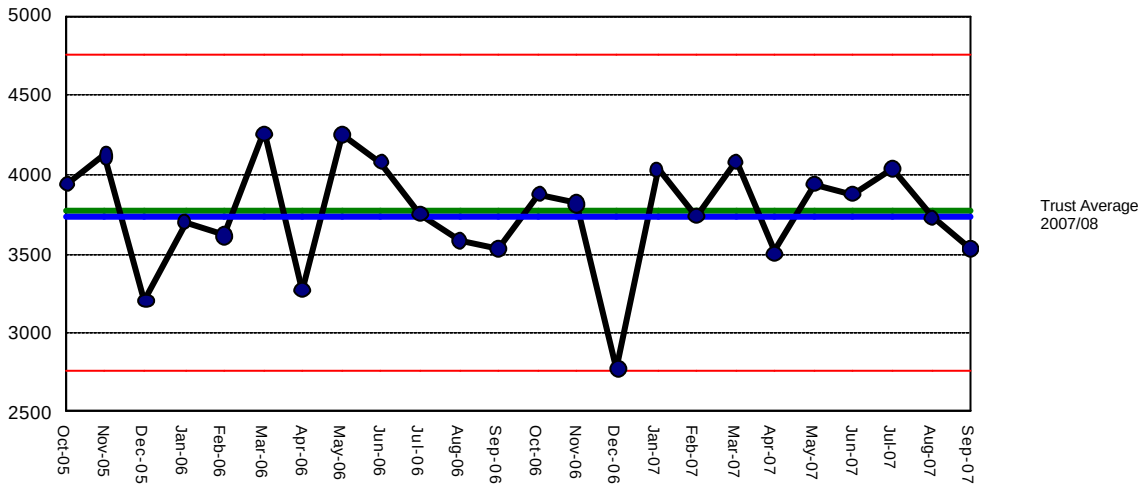
4.1 Supporting Patient Choice and Booking

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

GP referrals have remained relatively static over the last two years with the exception of a significant drop in December 2006 (even lower than previous Decembers).

Figure 9: GP Referrals Since October 2005



4.1.2 Choice of Dates Offered to Patients

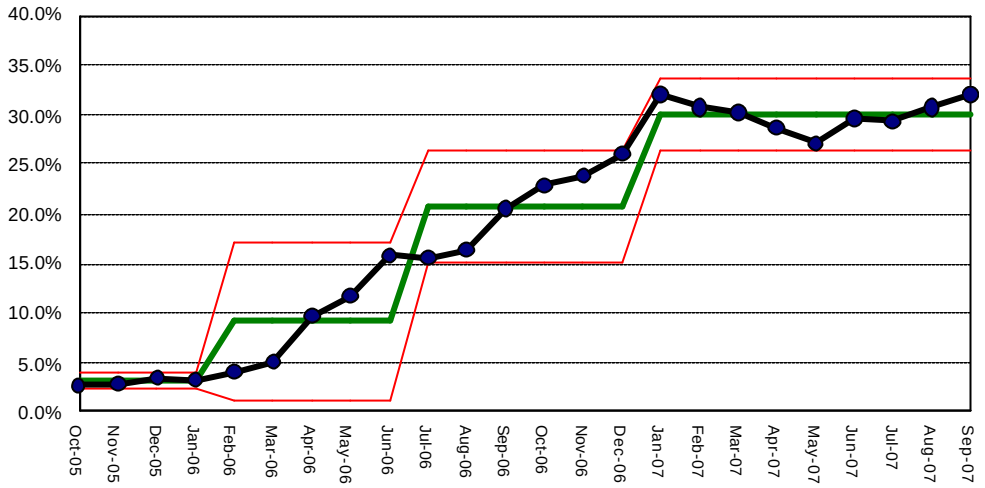
The 100% target took effect from January 1st 2006 and we achieved this across all types of booking for the month.

- ✓ *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 the Trust. There was a significant increase in April 2006, as practices became financially 'incentivised' to electronically book patients. The levels started to drop around January 2007, but have started to pick up again in recent months. There have been a total of **1,134** electronic referrals in September 2007, with a current average of 30% of referrals being made electronically.

Figure 10: Choose and Book (electronic) Referrals Since October 2005



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.

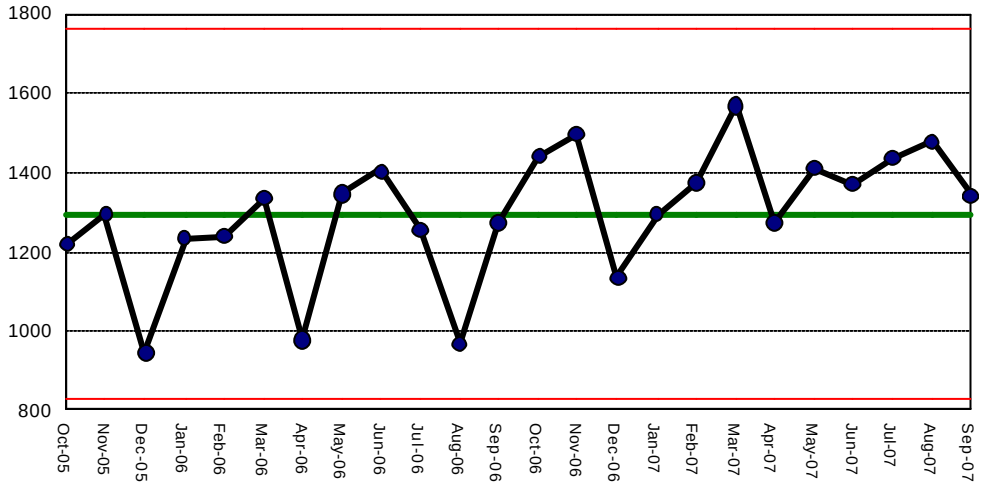
4.2 Ensuring Right of Redress following Cancelled Operations

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.

Figure 11: All Elective Admissions Since October 2005



4.1.5 Cancelled Operations on the day for non-clinical reasons

- ✗ *At 1.35% this standard was not met in September 2007 and is not being met for the financial year as a whole.*

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

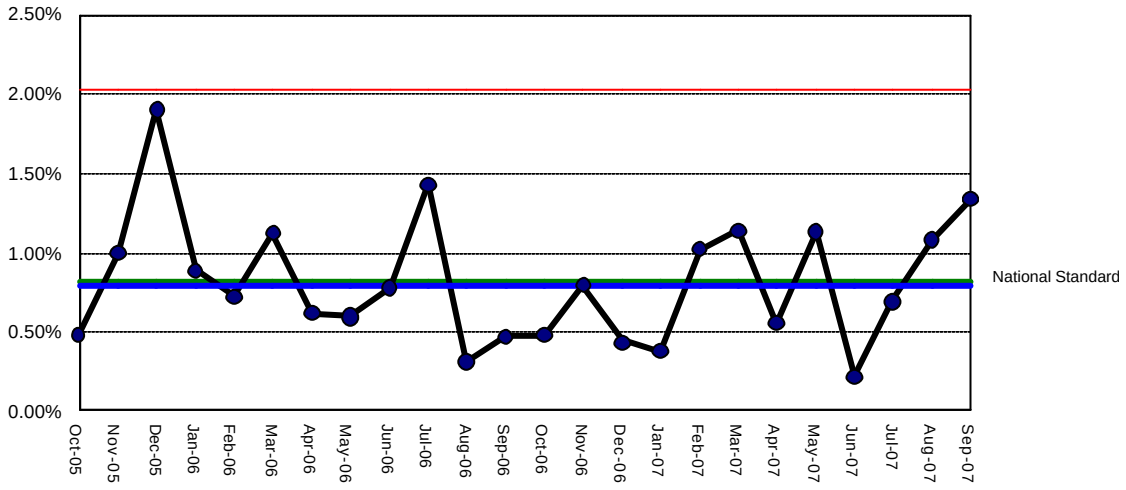
There were **18** operations cancelled for non-clinical reasons in September 2007. Reasons for cancellations were noted on the database as follows:

- 7 cancellations due to lack of theatre staff which meant the list did not go ahead or a list started late due to staff not available to start the list leading to cancellations at the end of the day.
- 2 cancellations were due to the list starting late as the ward had not got the patient ready on time
- 1 cancellation was due to the patient at pre-operative assessment not requiring marking for v.v. surgery but on the day of surgery it was decided actually did need to be marked.
- 3 cancellations were due to fully utilised lists overrunning due to complexity of cases
- 1 cancellation due to non-availability of notes.
- 4 cancellations due to the consultants arriving late to start their list.

Immediate actions planned and underway to address problems:

- Recruitment of trained staff particularly anaesthetic support staff. Recovery staff being recruited will also work with the anaesthetic team to improve flexibility.
- Searching for medical records well in advance of TCI
- Ensuring theatre staff are organised and co-ordinate list start times and record late start times with reasons.
- Working with the admissions team to improve scheduling.

Figure 12: Elective Cancellation Rate Since October 2005



4.1.6 Cancelled Operations Rebooked within 28 Days

- ✗ 94% of cancelled operations were rebooked within 28 days in September

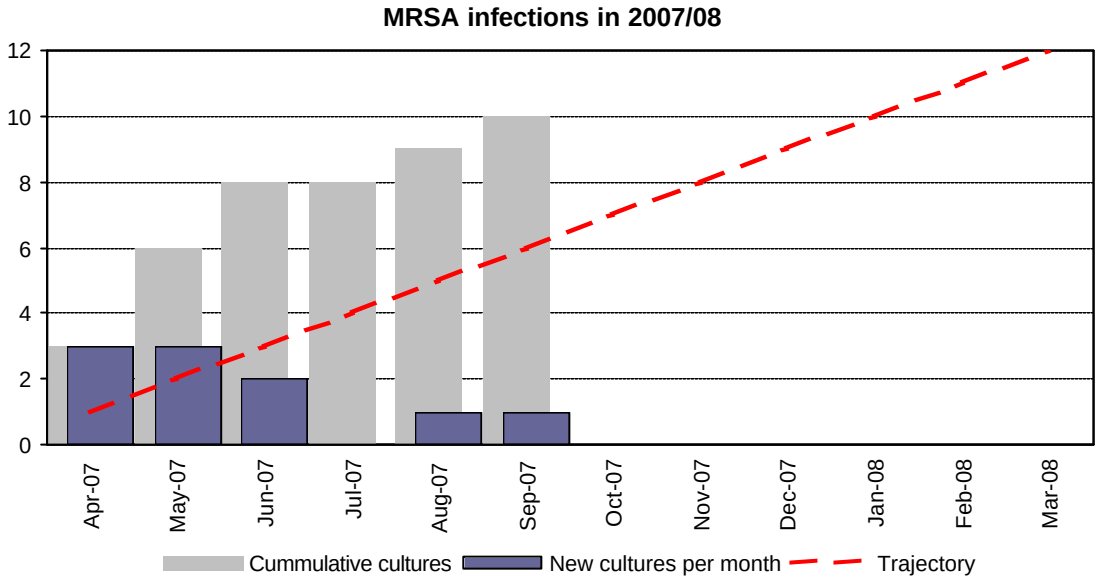
A patient was cancelled on the day because his notes had been lost. It was not initially picked up because it had been marked as a deferral on PAS rather than a cancellation. The notes have now been found and the patient was seen in September.

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 was 1 new incidence of MRSA bacteraemia in September. 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 **12** Clostridium Difficile Infections for Patients aged over 65 in September 2007 which is exceeding the trajectory by 34%.