

ITEM: 6

MEETING: Trust Board

DATE: 16 January 2007

TITLE: Access Performance Report - November 2007
18 Week Referral to Treatment Update

Access Report

The attached access summary provides performance information for the month of **November 2007**.

All targets or milestones were met in November with the following exceptions, which are outlined in more detail in the body of the report:

- 97.8% performance against the ED target of 98%. Year to Date (YTD) target being met at 98.6%
- 20 on the day hospital cancellations for non-clinical reasons, YTD target 0.7% YTD Performance 0.91%
- 2 MRSA Bacteraemias, taking the YTD performance to 12, against a full year target of 12.

18 Week Referral to Treatment Update

The attached 18 week referral to treatment report provides an update on performance against trajectory as at November 2007, which is on target at 50% for admitted patients and 73% for non admitted patients.

Data completeness has significantly improved over recent weeks and is now on trajectory at 78%. 18 week backlog clearance is being monitored on a weekly basis by the 18 week Project Team and Executive Team. The next 4-6 weeks are crucial, and with increasing activity being undertaken in addition to prospective and retrospective and waiting list validation, it is anticipated that significant steps towards the March 2008 targets will be made.

ACTION: For Information

REPORT FROM: Kate Slemeck, Director of Operations

SPONSORED BY: David Sloman, Chief Executive Officer



Financial Validation Lead: Director of Finance	N/A
Compliance with statute, directions, policy, guidance Lead: All directors	
Compliance with Healthcare Commission Core/Developmental Standards Lead: Director of Nursing & Clinical Development	Reference: Yes
Compliance with Auditors' Local Evaluation standards (ALE) Lead: Director of Finance	Reference:
Compliance with requirements of FT application and monitoring regime Lead: Director of Strategy & Performance	Reference:

1. Access Performance Report

1.1 Summary of Overall Performance

Standard	Criteria	Target	Nov	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%	99.8%
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%	100%	95.9%
<i>Reducing inequalities in Infant Mortality</i>				
Smoking in pregnancy at time of delivery	% of deliveries	<17%	15.5%	11.2%
Rate of Breastfeeding at birth	% of deliveries	78%	85.2%	88.8%
Priority II: Supporting People with Long-Term Conditions				
<i>Reducing emergency bed days</i>				
Number of emergency bed-days	5% Reduction by 2008	TBC	6,461	57,866
Days lost to delayed transfers of care	Reduced to minimal Level	TBC	232	1,456
Number of DTOC patients as a % of all patients	% of total patients	<=3.5%	2.6%	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%	97.8%	98.6%
Wait from GP Referral until Seen as Outpatient	% waiting within 13 weeks	100% each month	100%	1 breach
Wait from Decision to Treat until Admission	% waiting within 26 weeks	100% each month	100%	0 breaches
<i>Ensuring that by 2008 no-one waits more than 18 weeks from referral to treatment – March 2008 milestones</i>				
Wait from referral to treatment (admitted patients)	% waiting within 18 weeks	54% (Nov trajectory)	50%	
Wait from referral to treatment (non-admitted patients)	% waiting within 18 weeks	75% (Nov trajectory)	73%	
<i>Ensuring that by 2008 no-one waits more than 18 weeks from referral to treatment – diagnostic tests</i>				
Wait for non-audiology diagnostic tests	% waiting within 6 weeks	100% in March	81%	
Wait for audiology diagnostic tests	% waiting within 6 weeks	100% in March	Not available	
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%	1.32%	0.91%
Offers of new binding date	% within 28 days	95%	100%	99.0%
<i>Reducing Infections (mandatory surveillance items)</i>				
MRSA Bacteraemia Rates (1000 bed days)	London Benchmark	0.22	0.18	0.12
Number of MRSA Infections	60% Reduction from 06/07	12	2	12
C. Diff Rates per 1000 bed days for Patients over 65	Trust Benchmark	1.77 (2005)	1.22	2.36
Number of C. Diff Infections for Patients over 65	Trust Benchmark	136 (2005)	5	101

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 indicates 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.

1.2 Exception Reports

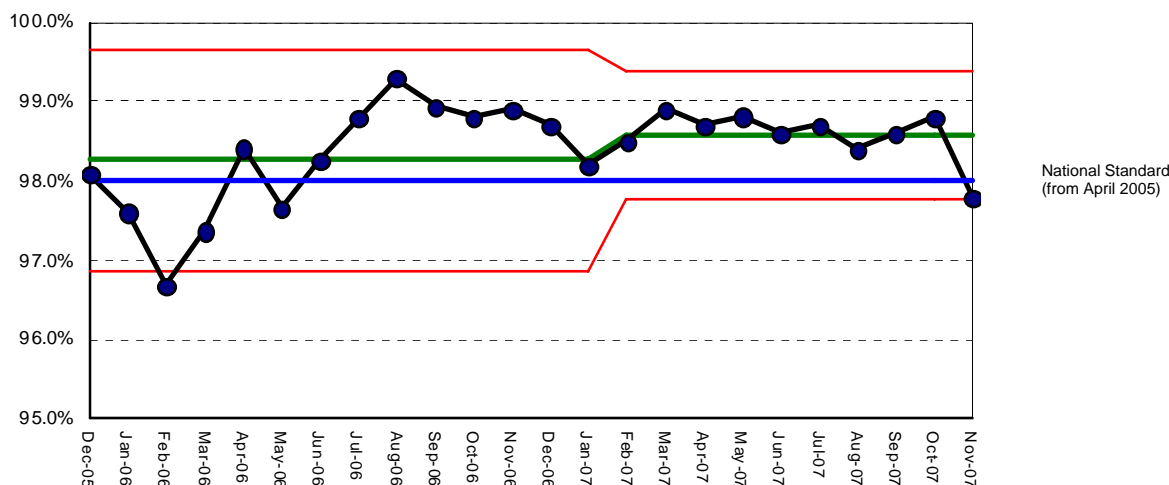
1.2.1 Emergency Department Access

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).

- * The 98% target was narrowly missed in November at 97.8%. The YTD position remains above 98%.

The chart below shows the monthly pattern of performance over the last two years. November 2007 is the first month that we have missed the 98% target since June 2006.

ED Waits - % ADT Within 4 Hours Since April 2003



1.2.2 Elective Operations Cancelled on the Day for Non Clinical reasons

- * At 1.32% this standard was not met in November 2007

There were **20** operations cancelled for non-clinical reasons in November 2007.

6 of the 20 were cancelled as a result of the Obstetric Theatre having to be closed due to a failure of the gas scavenging system.

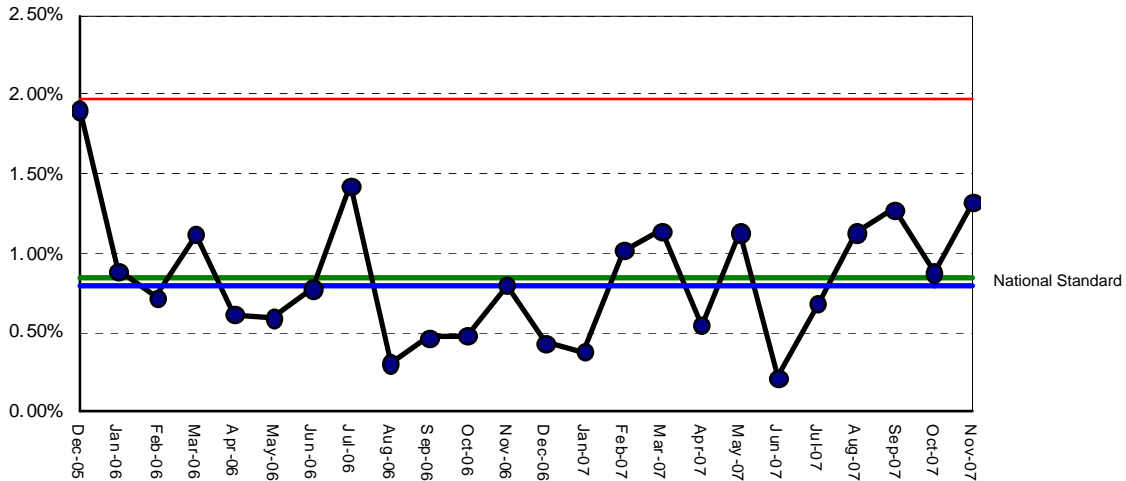
7 of the 20 were due to the non-availability of saturation needles required for urological procedures. This was a national problem due to a failure in the supply chain.

3 of the 20 were due to the Consultant Surgeon being unwell and unable to operate.

4 of the 20 were due to lists overrunning.

	April	May	June	July	August	September	October	November
List Overruns	1	9	8	4	3	10	4	4
Emergency Cases								6
No Notes	1		1			1	4	
No Theatre Staff		1		2		6	3	
No Anaesthetist	4				7			
No Surgeon				1	4			3
No Equipment		6	1	3	1		3	7
No ITU			1					
Pre- Op Guidance	1					1		
Not suitable for DSU					1			
Total	7	16	11	10	16	18	14	20

Elective Cancellation Rate Since April 2003



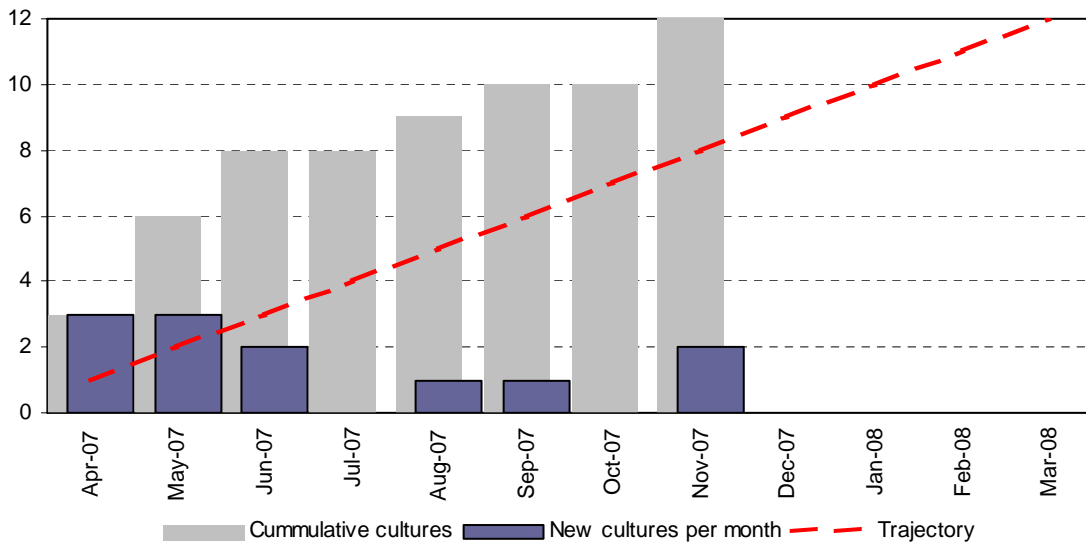
Elective activity is rising in line with the 18 week commitment and theatre scheduling and on the floor management is being reviewed. It is therefore anticipated that on the day cancellations will reduce over the final 4 months of the year and the YTD performance improve.

1.2.3 Reducing Infections, MRSA bacteraemia

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

- * There were **2** new incidences of MRSA bacteraemia in November, taking the YTD total to 12 against the full year trajectory ceiling of 12.

MRSA infections in 2007/08



2. Getting to 18 Weeks

2.1 Performance Update

2.1.1 The 18 Week Milestones

18-week Referral to Treatment (RTT) performance is measured against two national indicators:

Admitted Patients Target for **March 2008** is **85%**, and **December 90%**

Non-Admitted Patients Target for **March 2008** is **90%** and **December 95%**

2.1.2 Trust Performance as at November 2007

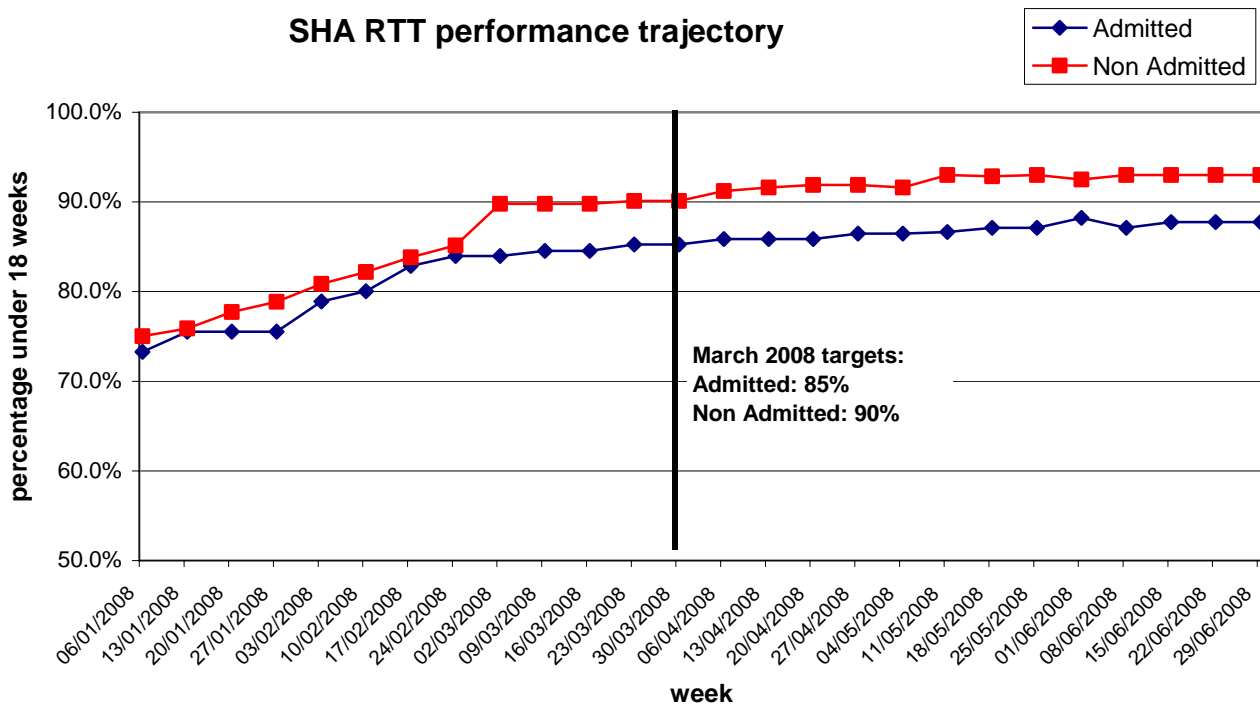
Admitted Patients RTT 50% (October 43%)

Non-Admitted Patients RTT 73% (October 68%)

2.1.3 External and Internal Reporting

The Trust and Islington PCT have been asked to present a jointly agreed trajectory to the Strategic Health Authority against which the Department of Health will measure Trust performance towards meeting the 18-week targets from January 2008.

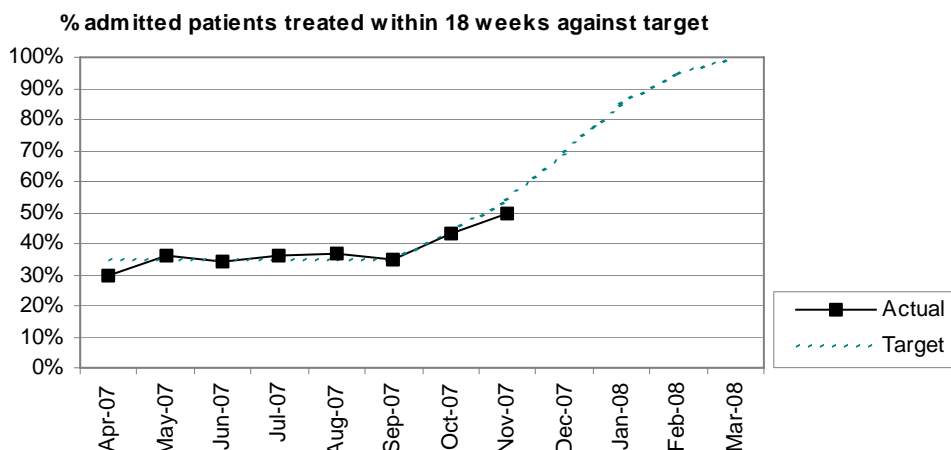
The trajectory for admitted and non-admitted patients is shown in the chart below.



Internally the Trust has set itself a steeper performance trajectory, aiming for 100% of patients to be seen within 18 weeks by March 2008.

The data below shows the Trust position as reported to the Department of Health since the start of monitoring, before the new trajectory was introduced in January 2008.

Admitted Patients



Non Admitted Patients

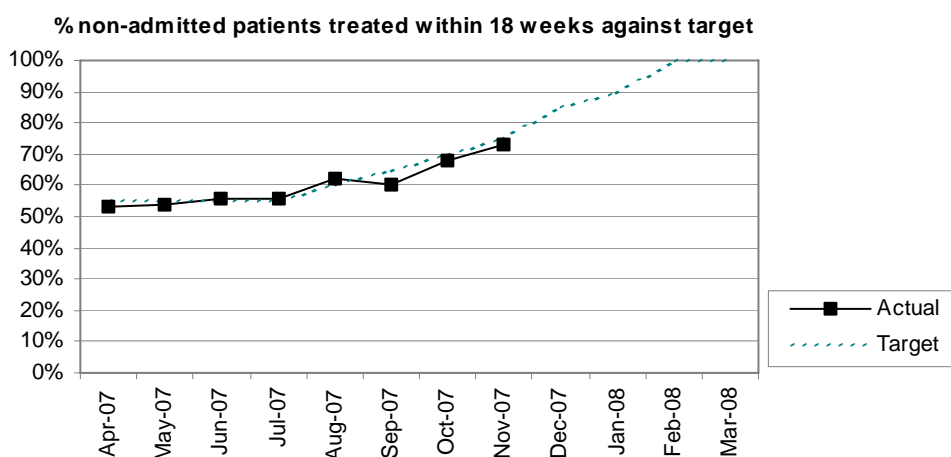


Table 1 below contains the data presented on the above graphs together with the total number of patients awaiting treatment

Table 1 – RTT performance against trajectory

Month	% admitted patients treated within 18 weeks		% non-admitted patients treated within 18 weeks		Number of patients awaiting treatment
	Actual	Target	Actual	Target	
Apr-07	30%	35%	53%	55%	20126
May-07	36%	35%	54%	55%	24603
Jun-07	34%	35%	56%	55%	28482
Jul-07	36%	35%	56%	55%	26030
Aug-07	37%	35%	62%	60%	27943
Sep-07	35%	35%	60%	65%	29723
Oct-07	43%	44%	68%	70%	31804
Nov-07	50%	54%	73%	75%	21129
Dec-07		70%		85%	
Jan-08		85%		90%	
Feb-08		95%		100%	
Mar-08		100%		100%	

2.1.4 Validating Trust Performance

The milestones achieved so far have put us in a good position to meet the target in March 2008. Integral to delivery is the completeness of our data, our ability to work through the validation using the Patient Tracking List (PTL) and our capacity to clear the activity backlog.

Analysis of current performance would indicate the highest risks are associated with the admitted patient pathway, where capacity can be constrained by a shortfall in Theatre capacity, lists not being fully utilised and lists not starting on time. Productivity and performance projects in Theatres, Outpatients, and Diagnostics are addressing these issues and will contribute positively towards meeting the 18-week target.

2.2. Key Priorities

The Four key priorities for the 18-week project team are as follows:

- Data Completeness
- Data Validation
- 18 week Activity Backlog Clearance
- System and Process re-engineering

2.2.1 Data Completeness

If the Trust is to achieve and sustain the 18-week target we must be able to accurately capture all the RTT outcomes that occur within the outpatient clinics.

Data completeness is measured weekly, and has continued to improve, with performance during the week ending 23rd December 2007 at **78%**.

The graph and Table 2 below highlights performance against trajectory, and Trusts are to be performance managed centrally against data completeness, as failure to collect the data will be considered as a failure to demonstrate the target is being met.

RTT data completeness performance against trajectory

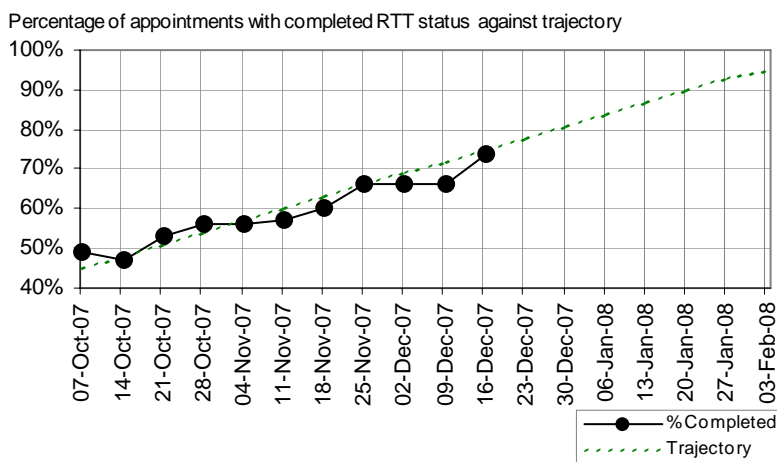


Table 2– RTT data completeness performance against trajectory

Week ending	Percentage complete	Trajectory
07-Oct	49%	45%
14-Oct	47%	48%
21-Oct	53%	51%
28-Oct	56%	54%
04-Nov	56%	57%
11-Nov	57%	60%
18-Nov	60%	63%
25-Nov	66%	66%
02-Dec	66%	69%
09-Dec	66%	72%
16-Dec	74%	75%
23-Dec	78%	78%
30-Dec		81%
06-Jan		84%
13-Jan		87%
20-Jan		90%
27-Jan		93%
03-Feb		95%

In January, senior operational managers will launch a ‘visual leadership’ campaign in outpatients to support improved data collection, and on a rotational basis will walk the outpatient floor to ensure:

- All clinicians are completing forms.
- That processes for capturing and inputting data by clinic staff are being followed.
- To identify process improvements
- To engage with clinical staff to improve the quality of the completed outcome forms.

2.2.2 Data Validation

Validations of unknown and long waits are essential to improving trust 18-week target performance.

Successful validation is likely to improve trust target performance for January 2008 as ‘unknown clock starts’ account for between 20- 25% of clock stops currently captured.

A detailed Validation plan has been constructed, and formal validation will now continue as a weekly exercise. Alongside validation, essential amendments to systems for admissions and waiting list management are being implemented to ensure that data quality is improved, and the need for validation is diminished.

In the longer term, Patient Administration System (PAS) Version 20, which will become available during 2008, will have the ability to measure 18 weeks, however, validation will still need to take place until data is recorded consistently, correctly and completely (including the working through of all historical data).

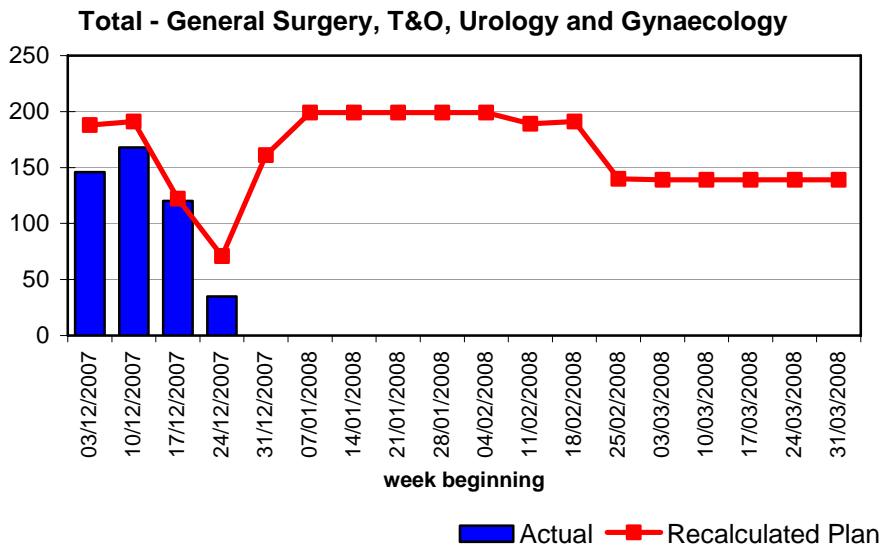
2.2.3 18 Week Backlog Clearance

The additional activity required to meet 18 weeks that is over and above current activity, for admitted and non admitted activity has been identified.

Planning to clear the backlog is a dynamic process in order to accommodate changes in referrals.

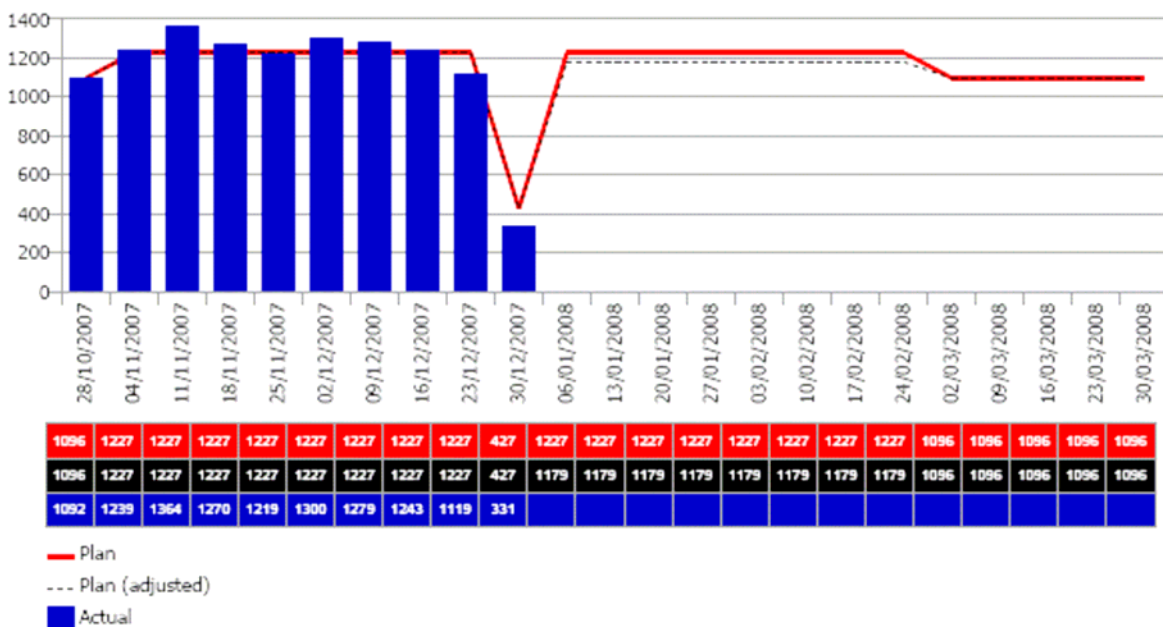
The graph below reflects the planned backlog clearance against activity for the most at risk areas of admitted (inpatient and daycase) activity. The blue columns represent activity for

that week against a dynamic red line target which adjusts in accordance with under or over performance in previous weeks.



The chart below shows the model used to monitor backlog clearance for non admitted activity (outpatients). The blue column is the activity for that week against a fixed red line target. The dotted line is the adjusted plan, i.e. any under/over performance adjusts the future activity plan.

Trust



These reports are reviewed weekly to ensure capacity plans meet activity demands.

2.2.4 Systems and Process Re-engineering

In order to sustain 18 weeks in the longer term, patient pathways need to be reviewed in consultation with Primary Care Trusts, and re-worked where necessary to ensure all unnecessary waits are taken out of the system.

The 18-week steering group, which includes representatives of Haringey and Islington PCTs, has agreed to establish a group to look specifically at pathways that are priority for GPs and for the Trust. This includes the following:

- ENT
- Chest Medicine
- Urology
- Diabetes

PCTs have asked the Trust to arrange clinically led sessions to plan and lead pathway changes and developments across primary and secondary care (including the application of a DNA policy)

2.3 Next Steps

The following areas require continued clinical and managerial support and engagement in order to ensure that progress towards delivering the 18-week target is being made:

- Leadership and support to staff in completing the outcome forms correctly, in order that the Trust can accurately measure performance against the target.
- Backlog activity clearance necessary to meet the March 2008 milestones to reduce the waiting times to 18 weeks.
- Regular and rigorous validation of waiting lists and activity.
- Using available capacity productively for example ensuring theatre lists, outpatient clinics and diagnostic appointments run on time and are appropriately booked.
- Working with clinicians and GPs to review and revise patient pathways and clinical support systems.