ITEM: 4

MEETING: **Trust Board**

DATE: **16 May 2007**

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

Summary:
The attached report provides performance information for the month of **March** and the full year outturn position for 2006/7.

All targets have been fully met or fall within the required thresholds with one exception:

- **Reducing Hospital Acquired Infection** trajectories were exceeded.

2006/7 has delivered significant improvements in the time patients referred with suspected cancer or diagnosed wait to be seen in outpatients and treated.

Elective admission waits have also reduced with **99%** of patients waiting **less than 20 weeks** for their elective admission, and **100%** of patients **waiting 13 weeks or less** for their MRI, CT, Ultrasound.
98.5% of ED attendances patients were admitted, transferred/discharged within 4 hours

2006/7 activity changes of note when compared with 2005/6 are:
- Maternity deliveries increasing by 6%
- Daycase activity increasing by 11%
- ED attendances stabilising with a 0.3% growth when compared with 2005/6

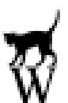
ACTION: **For Information**

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	Mar	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%	99.6%
Wait from Call until Needle for Thrombolysis	% treated within 1 hour	60%	See Note 1	
Reducing Mortality from Cancer				
Wait from GP Referral until Seen	% seen within 14 days	98%	99.4%	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%	92.9%	96.6%
Reducing inequalities in Infant Mortality				
Smoking in pregnancy at time of delivery	% of all deliveries	<17%	12.6%	12.3%
Rate of Breastfeeding at birth	% of all deliveries	78%	86.6%	87.8%
Priority II: Supporting People with Long-Term Conditions				
Reducing emergency bed days				
Number of emergency bed-days	5% Reduction by 2008	TBC	8,146	95,272
Days lost to delayed transfers of care	Reduced to minimal Level	TBC	214	4,094
Priority III: Access to Services				
Ensuring that existing national access standards are maintained				
Total treatment time in ED	% within 4 hours	98%	98.9%	98.5%
Wait from GP Referral until Seen as Outpatient	% waiting within 13 weeks	99.97%	100%	100%
Wait from Decision to Treat until Admission	% waiting within 26 weeks	99.97%	100%	100%
*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%	
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%	
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% local <0.8% national	1.16%	0.73%
Offers of new binding date	% within 28 days	100%	100%	100%
Reducing Infections (mandatory surveillance items)				
MRSA Bacteraemia Rates (1000 bed days)	London Benchmark	0.22	0.27	0.23
Number of MRSA Infections	20% Reduction	18	3	31
C. Diff Rates per 1000 bed days for Patients over 65	Trust Benchmark	1.77 (2005)	2.44	2.88
Number of C. Diff Infections for Patients over 65	Trust Benchmark	136 (2005)	20	217

Notes:
The summary table above contains the key activity and performance measures that the Trust must continue to maintain or improve in 2006/7. Current month and Year To Date (YTD) performance is colour coded against the current target or trajectory. Green shading indicates that Trust performance is at or above the required standard. Amber shading indicator that the Trust is below the standard or is behind the required trajectory, 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 will continue to be monitored in case the situation changes in year

Activity Type	2005/06 05/06 Total	05/06 YTD	Mar-06	2006/07 Mar-07	% Change on Month	06/07 YTD	% Change on Year
ED Attendances	84,641	84,641	7,425	6,780	-8.7%	84,890	0.3%
Emergency Admissions	16,594	16,594	1,447	1,395	-3.6%	16,721	0.8%
Elective Admissions	2,879	2,879	212	300	41.5%	2,723	-5.4%
Day Cases	11,487	11,487	1,125	1,254	11.5%	12,750	11.0%
Maternity Deliveries	3,333	3,333	274	302	10.2%	3,535	6.1%
GP Referrals	46,284	46,284	4,266	4,081	-4.3%	44,788	-3.2%
First Outpatient Attendances	59,589	59,589	5,689	5,407	-5.0%	60,639	1.8%
Follow Up Outpatient Attendances	124,196	124,196	11,398	10,557	-7.4%	129,279	4.1%
Total Outpatient Attendances	183,785	183,785	17,087	15,964	-6.6%	189,918	3.3%

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 **March's** performance:

✓ *99.4% of GP urgent referrals were seen within 14 days from the referral date*

14 day standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Breaches	0	0	0	2	0	1	0	1	0	0	1	1
Patients	100	153	132	130	159	128	150	135	130	138	119	155

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

31 day standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Breaches	0	0	0	0	0	0	0	0	0	0	0	0
Patients	38	28	44	21	38	28	34	28	34	36	40	35

✘ *92.9% GP urgent referrals were treated within 62 days from the referral date*

62 day standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Breaches	0	0.5	1.0	0	0	0	1	0	1	1	0	1
Patients	15.0	8.0	23.5	7.0	7.0	11.0	13	13.5	16	17	17	14

The 14 day breach was a breast patient who was incorrectly registered on PAS as a non-target, and was therefore not flagged by the systems in place to identify target patients. The patient was seen on day 19, and has since had cancer discounted.

There was a 62 day breach in urology due to clinic organisational issues, which have now been addressed.

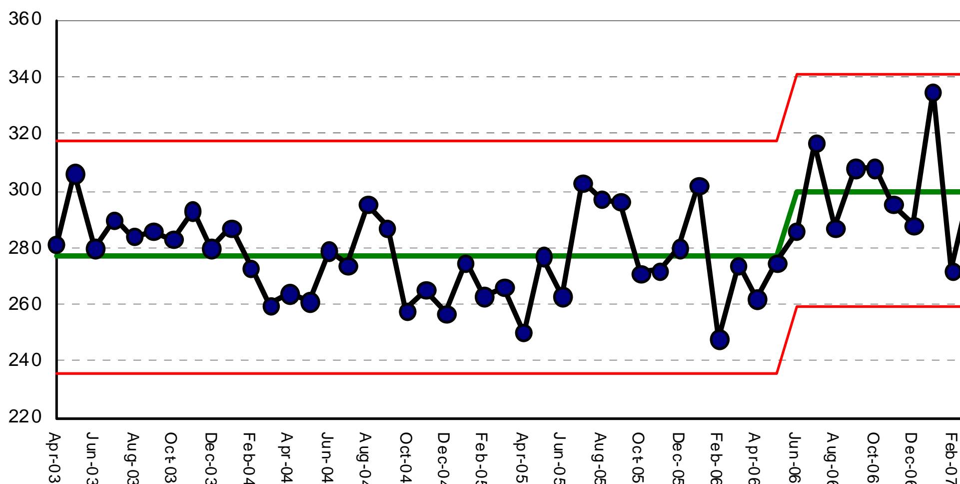
1.3 Reducing inequalities in health outcomes for infants

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 **302** deliveries in March. There has been a sustained period of higher than average deliveries over the last eight months with January 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

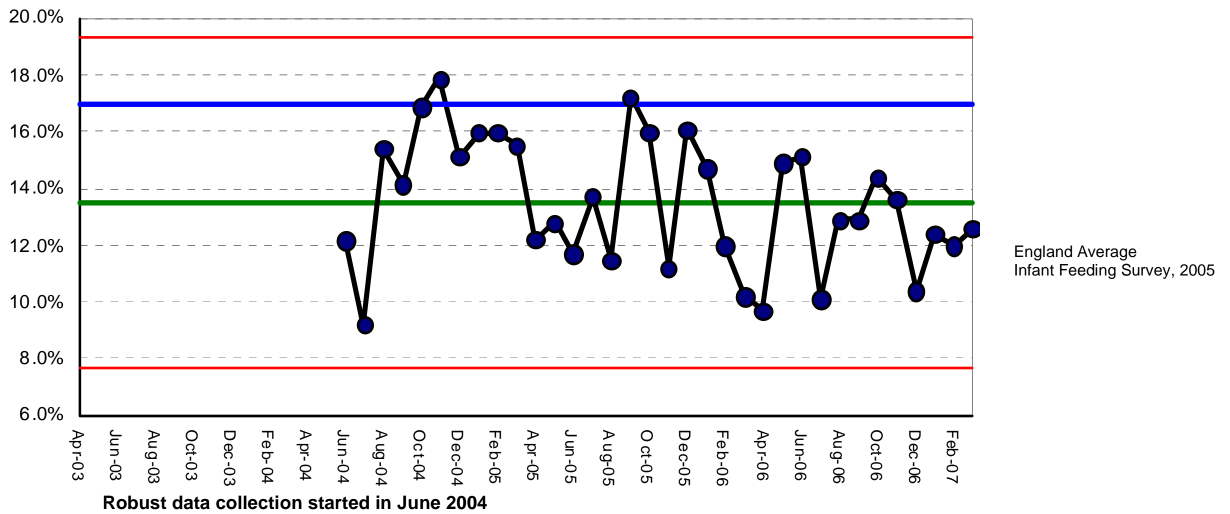


Smoking in Pregnancy

✓ *12.6% of mothers delivering in March 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 eighteen consecutive months.

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

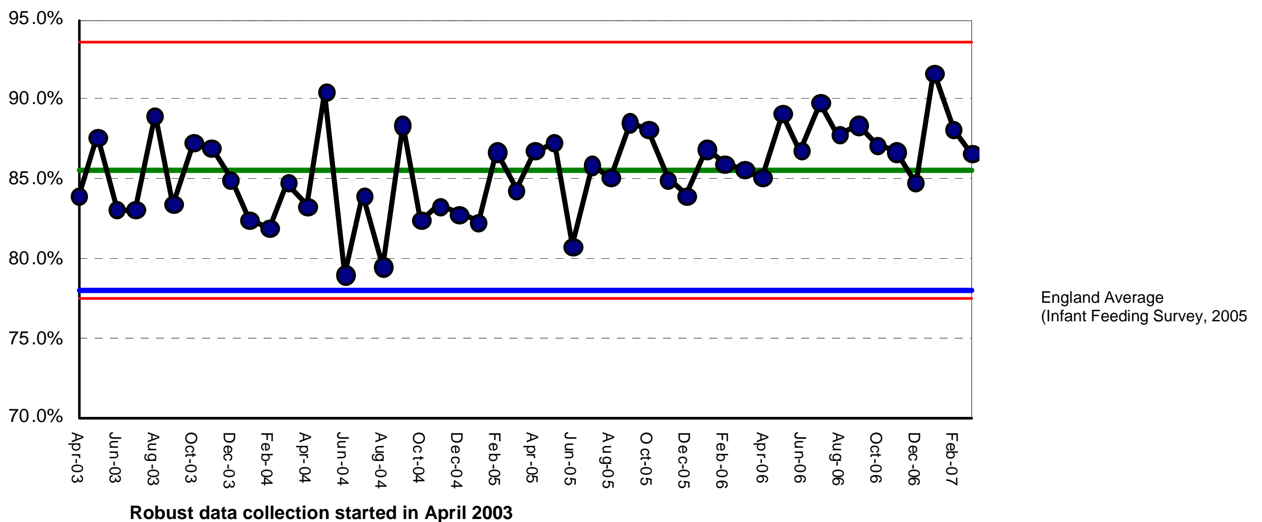


1.3.2 Breastfeeding Rate

✓ *86.6% of mothers delivering in March 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).

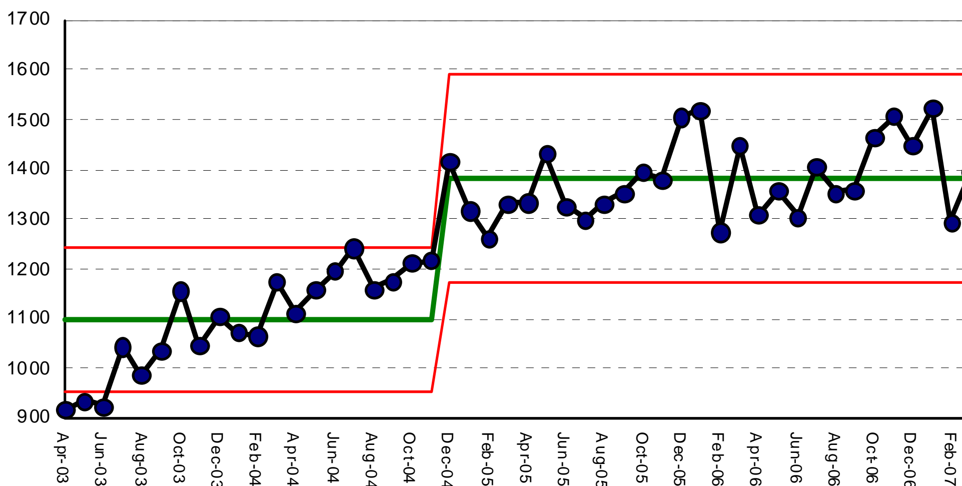
2.1 Reducing Emergency Bed Days

Reducing emergency bed days is a key service improvement project for 2006/07 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.

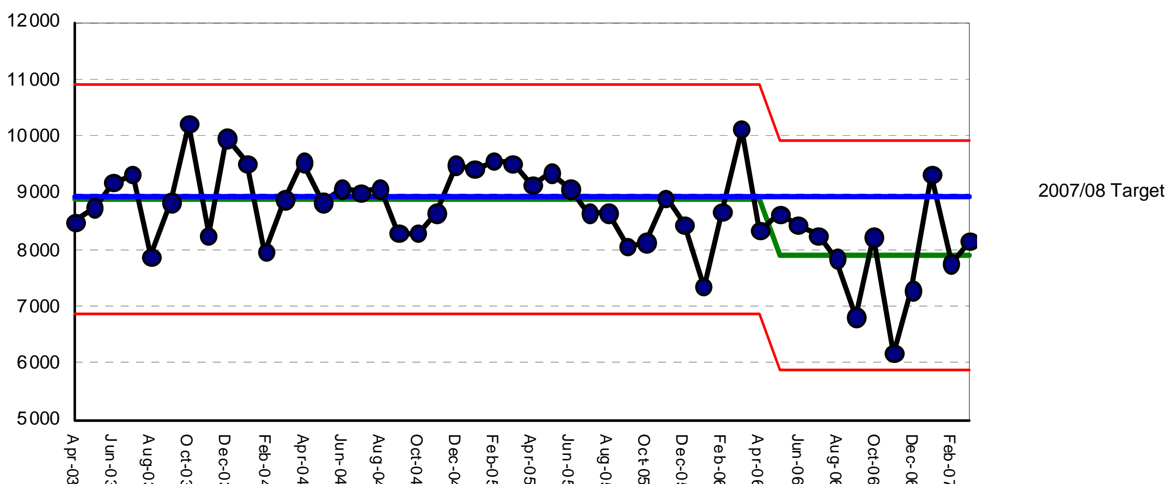
Figure 4: Emergency Admissions Since April 2003



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 2006/07 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.

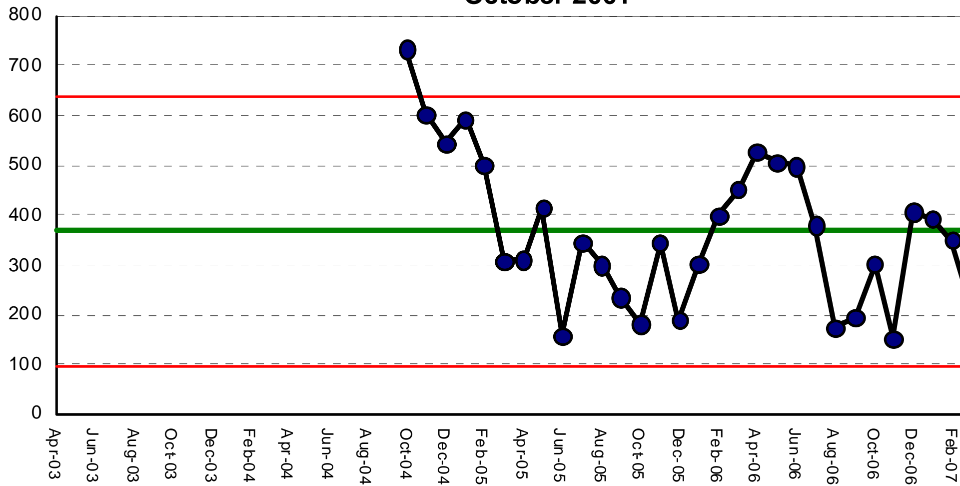
Figure 5: Emergency Bed Days Since April 2003



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 since data was first collected in October 2004.

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



Mandatory data collection started in January 2005

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

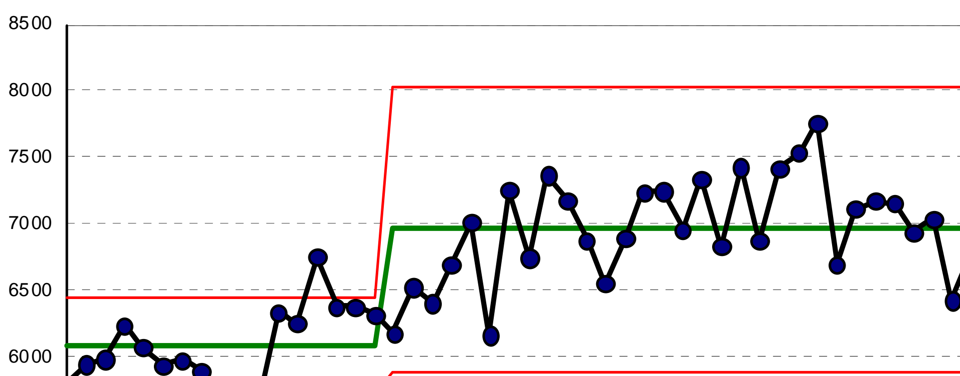
This section includes the national access standards that this organisation is required to maintain. The core standards that are to be met are in the Emergency Department, during waits for admission, and during waits for a consultant appointment.

3.1.1 Activity Context: Emergency Department Attendances

There were 6,780 Emergency Department attendances in March 2007. This brings the year to date activity total to 84,890, which is 0.3% higher 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 March, 148 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



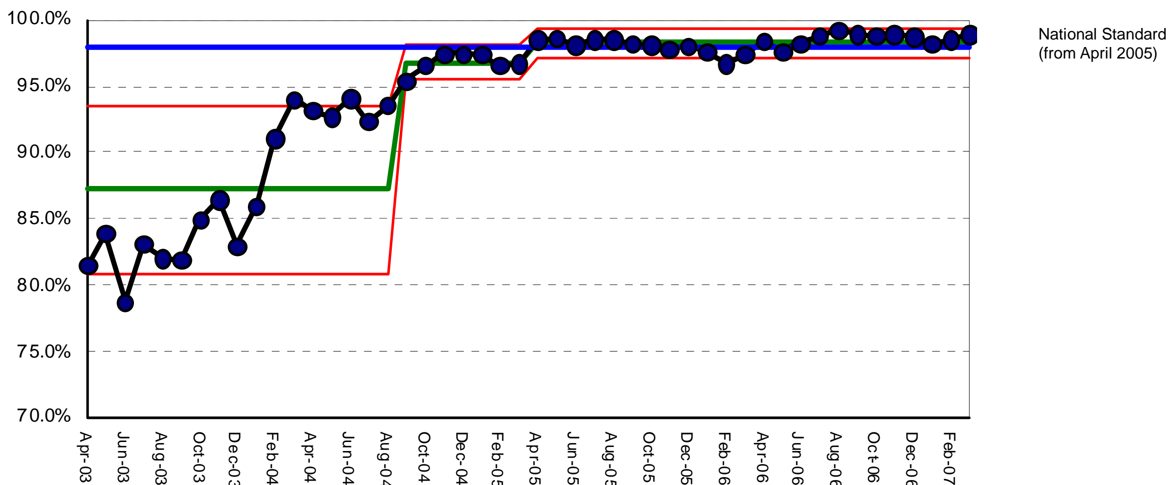
3.1.2 ED Access

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 98.9%* in March *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 10 consecutive months of over 98% performance.

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 March 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 2006/07.

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

3.1.5 Diagnostic Access Times

There are two sets of targets introduced to monitor waits for CT and MRI scans. The first is an absolute maximum wait set at 26 weeks. The second is based on the principle of offering patients the choice of a scan at another provider following a wait of over 20 weeks.

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

- ✓ **100%** of patients wait less than 11 weeks to see a consultant in outpatients
- ✓ **99%** of patients wait less than 20 weeks for admission following a decision to treat

Whilst the absolute targets for diagnostic waits were met, the trajectory to meeting the March 2007 milestone was very steep at 100%. However, this target has been achieved in March:

- ✓ 100% of patients wait less than 13 weeks for an MRI scan
- ✓ 100% of patients wait less than 13 weeks for a CT scan
- ✓ 100% of patients wait less than 13 weeks for non-obstetric ultrasound

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.

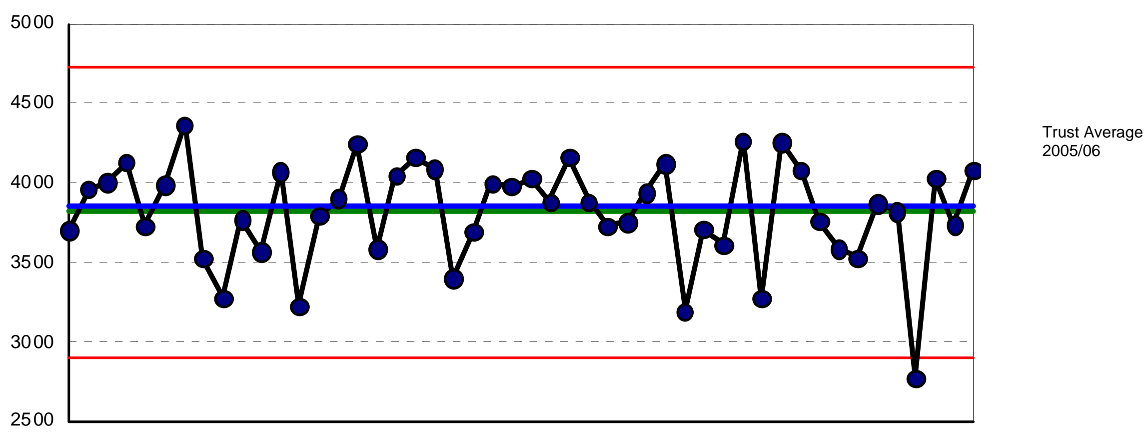
4.1 Supporting Patient Choice and Booking

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

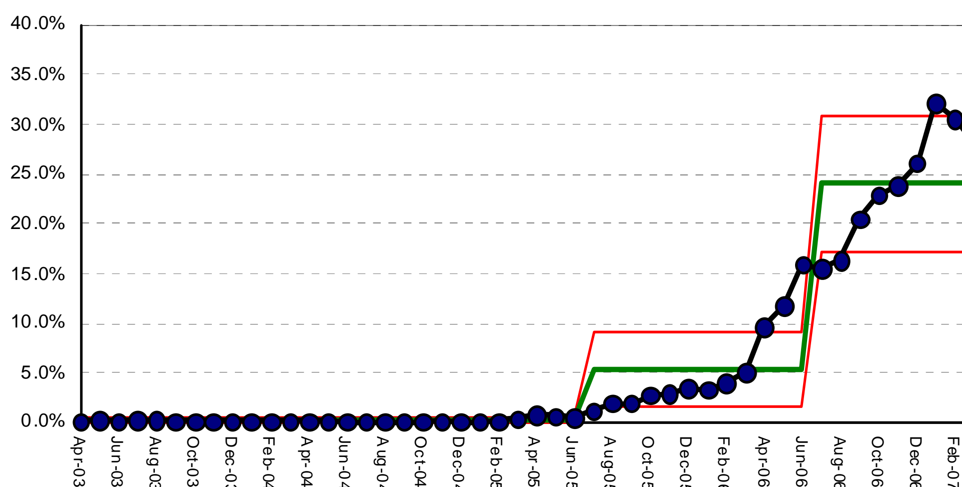
The 100% target took effect from January 1st 2006 and we achieved this across all types of booking for the month.

✓ *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 has been a continued rise until January with a slight drop in February and March. There have been a total of **9,455** electronic referrals since April 2006, 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.

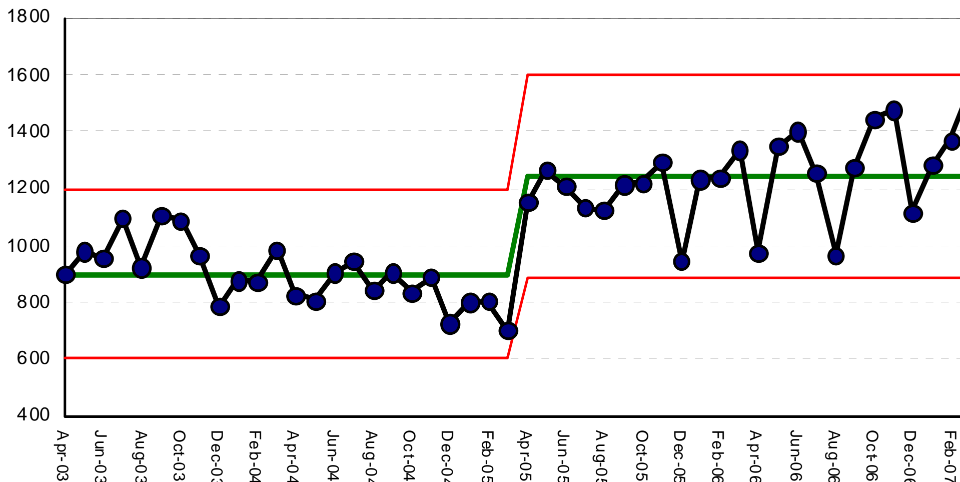
4.2 Ensuring Right of Redress following Cancelled Operations

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. Elective inpatient activity was reduced in August to reflect the holiday period, but has now risen again to above the average over the last year.

Figure 11: All Elective Admissions Since April 2003



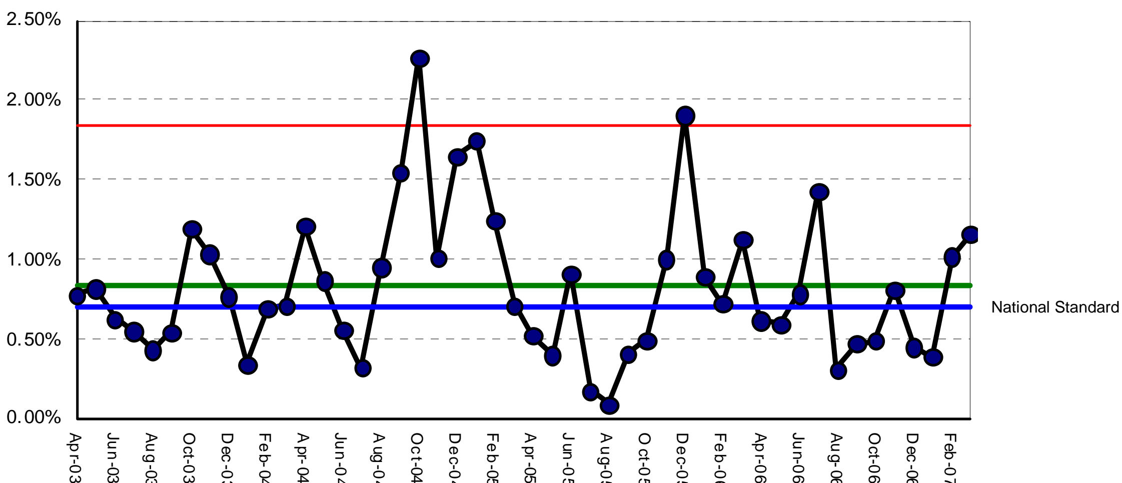
4.1.5 Cancelled Operations on the day for non-clinical reasons

- *At 1.16% this standard was not met in March 2007, and the YTD position has also risen to above the standard.*

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

There were **18** operations cancelled for non-clinical reasons in March 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.*

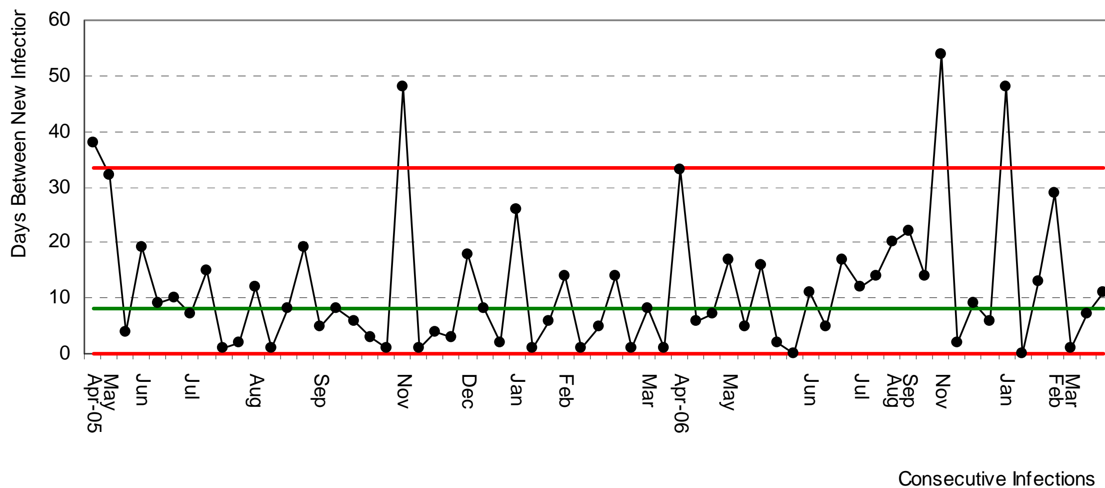
4.3 Reducing Infections

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 3 new incidence of MRSA bacteraemia in March taking the YTD total to 31, which exceeds the full year trajectory ceiling of 18.

Figure 13: Incidences of new MRSA Bacteremias by the Number of Days Between Infection Since April 2005



4.3.2 Clostridium difficile

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

- × There have been **20** Clostridium Difficile Infections for Patients aged over 65 in March 2007. The YTD total has now reached 217 and is exceeding the trajectory by 60%.

Figure 14: Incidences of new C. Diff Cases by the Number of Days Between Infection Since April 2006