

## ACCESS PERFORMANCE REPORT – DECEMBER ACTIVITY

<b><u>1.0</u></b>	<b><u>INTRODUCTION</u></b>
1.1	The report focuses on those access issues under the local targets and standards and the national targets and standards, together with the Tameside and Glossop Community Healthcare section of the Performance Assessment Summary where action is being taken to improve performance.
<b><u>2.0</u></b>	<b><u>TAMESIDE AND GLOSSOP COMMUNITY HEALTHCARE</u></b>
2.1	<u>Appointments DNA</u>  As reported in previous months, the standard agreed for the community services provider with Tameside and Glossop PCT was a 4% target for all community services. While this level is possible in some services, such as End of Life there are other services such as Children, Young People and Families where it is typically much higher. The overall at present is 5.3%, which is slight reduction on the previous month where performance has been between 6% and 4,8%. Benchmarking is continuing but proving quite difficult. The aim is to get to a better understanding of an achievable level to incorporate into contracting discussions for 2012/13.
2.2	<u>Appointments Cancelled</u>  The commissioners standard for this is 1.3% and performance, as measured through a less than perfect system given constraints with IT, is 2.3%. This is a worsening from 1.8% position last month but is still an improvement over the position at the start of the year. The figure has varied between 3.1% and 1.7% throughout the year to date. Again, the standard will be discussed in contracting meetings for 2012/13.
<b><u>3.0</u></b>	<b><u>LOCAL TARGETS AND STANDARDS</u></b>
3.1	<u>Diagnostic Waits over 6 weeks</u>  There were three patients who were not seen in endoscopy within the 6 week standard. These were as a result of an administrative error and the member of staff has been counseled and given further training. The patients have all been booked in for their procedures.
3.2	<u>Follow Up Outpatients Past Due Date</u>  Medicine has seen an improvement of about 100 less patients past their due date in December, through to January. Gastroenterology remains the largest number but a long term Locum Consultant has started and is to regularly undertake four additional clinics each week. The full benefit from this will not be realised until February as the two substantive Consultants have both had annual leave over January. The position relating to Rehabilitation has worsened slightly but additional clinics will be undertaken in February with

a locum Consultant. The Dermatology backlog of 120 patients in December has been cleared. Further reductions will occur in Chest Medicine once the replacement Middle Grade doctor has started in mid February. Haematology has remained stable while the single handed Consultant was on leave over Christmas and the New Year as a locum Consultant covered his absence. The Business Group remains committed to resolving all FNBs past due date as early as possible and an overall plan is being developed as part of the Planned Waiting Lists discussion with the PCT.

In Ophthalmology the numbers continue to improve in line with the action plan. The contract improvement notice, served on 9th November, was discussed in detail at a meeting with the PCT on 4<sup>th</sup> January. A detailed action plan was agreed which required a response from the Trust by the end of January. The waiting lists to see the FNB patients continue and at the present performance, all of the Glaucoma patients will have been seen in the next three months and all other Ophthalmology FNBs in six months. This timescale was approved at the meeting with the PCT and will be monitored through end of month reports to the PCT and formally through the Elective Care Board Programme Board with a view to closing the performance notice by the end of March.

### 3.3 Overdue Elective Planned Admissions

#### Endoscopy:

Date	No of pts. past planned procedure date	No of pts. past planned procedure date - with TCI date
10/01/2012	433	371
17/01/2012	413	329

The numbers of Endoscopy overdue planned cases, waiting to be seen as at 17 January has reduced to 413 with 329 of these patients having an appointment, which is an improvement on the previous week. The GP screening letter, introduced in partnership with the PCT did cause some complaints from GPs at first who felt the evaluation of fitness for a planned scope was the duty of the hospital, however following the review of the pilot NHS Stockport is happy to continue use of the letter for a further six months whilst the planned list is reduced. A timetabled action plan is being drafted and being discussed with the PCT on 20<sup>th</sup> January and it has been agreed to share the above data on a weekly basis with them. There are non recurrent monies which Greater Manchester have allocated to the PCT which should help to fund the reduction of the backlog. The Business Group is looking to provide even more additional sessions and possibly consider some level of contracting out of work to speed the process.

The Board will recall they were advised at their last meeting that a recent letter from the Department of Health asked all Trusts to review their position with "planned cases". The baseline assessment was undertaken and shared with the PCT. There are three main groups of patients which the Trust considered would fall into this category of patient: planned endoscopy, Glaucoma follow ups and other Follow Up Not Booked. It has been agreed that the Action Plan will be monitored through the Elective Care Programme Board which is Chaired by a Stockport GP and there are representatives from the FT, Stockport community provider, a GP and commissioner from the High Peak and members of Link. All

three of these areas are separately monitored and reported on in this Access Report, to the Board, monthly.

3.4 C Section Rate

The position has improved to 17.3% with 53 caesarean sections out of the 307 deliveries in December. The Consultant lead is continuing to provide leadership to colleagues and is monitoring the action plan. The position however is not helped by recent NICE guidance which suggests women should be able to request an elective caesarian section. This will be considered further with the PCT at the next joint Maternity Programme Board.

**4.0 NATIONAL TARGETS AND STANDARDS**

4.1 Cancer

In addition to the Monitor requirement to achieve 62 days for 85% of patients, there is now a requirement to achieve locally agreed standards on transfers of patients between sites. These are:

- Transfer of patients between two trusts on the 62 day pathway must take place by day 42
- Transfer of patients on the 62 day pathway between three trusts must be done by day 19 for the first transfer and day 38 for the second

The tables below show the most recent data for the Monitor standard and also the first month's data with the newly agreed local standards taken into account and the current GMCCN Network position.

Trust Standard	Required performance	Latest position Q3 Oct-Dec 2011
62 Day Standard Total (Monitor)	>85%	89.77%
62 Day Target with local 38/42 Day Adjustment	>85%	85.53%

GMCCN Network Standard 62 Day Target with Local 38/42 Day Adjustment	Required performance	Latest position
October 2011	>85%	83.0%
November 2011	>85%	85.3%

The position for Quarter 3 changes daily as patients are seen and treated here and in other Trusts. This is monitored and the data shared twice weekly with all Business Groups and with the PCT. At present the Quarter 3 position (as at 16/1/12) is at 85.53% with the breach

reallocation adjustments included. This is an excellent improvement and demonstrates the hard work of the Cancer Team and the Business Group tumour specific teams.

There is further work to be done in order to sustain and improve this performance and there is a comprehensive action plan, shared previously with the Board, in place to achieve this. The meetings between the Cancer Team, Director of Operations and Performance and the tumour specific Consultants are going well and there continues to be a positive and enthusiastic response from Consultants around how the pathways can be improved. These meetings will continue over the coming months.

In addition to the improvements in the Trust it can be seen from the table above that the position for the Greater Manchester and Cheshire Cancer Network has also improved. This is in line with the requirement by Monitor, placed on all Foundation Trusts in the Network that there should be Network level delivery of the standards. Around half of the Trusts in Greater Manchester are provisionally compliant for Q3.

With regard to commissioning intentions in 2012/13, NHS Manchester will be asking all commissioners to set a model contract requirement for Trusts which will include the breach reallocation rules. It will also include a £10,000 penalty on any and every breach which occurs over the 85% standard, where the patient was not transferred by day 38 or day 42. They maintain they believe this will help to focus priorities rather than be a means of financial gain by PCTs. The work to date will aim to minimize, preferably to zero, such penalties. However, if the penalty had applied in Q3 there would have been about 20 patients for whom the Trust would receive a "fine", i.e. £200,000. There still needs to be further discussion as very clinically complex cases will always exist, albeit in small numbers and it appears unfair to penalize Trusts in these instances.

A new cancer standard is being introduced in 2012 around recording of staging of confirmed cancers. This information helps to better understand cancer outcomes, performance of outcomes at different hospitals and will inform prioritisation and commissioning of services in the future. The information is usually collected at Cancer Multi Disciplinary Team meetings when surgeons, radiologists, pathologists and oncologists agree on the grade of the tumour. The standard is to achieve 70% complete staging information by the end of 2012 and we are currently at around 42.3% year to date. This is an issue for all Trusts in the Network and we are all working with the cancer registry to improve. The Registry have been invited in to the Trust to provide training to all MDT members and senior staff.

#### 4.2 RTT Standards

The Trust achieved all of the required RTT standards in December. The table below shows the performance against each standard.

Standard	Required performance	December achieved	January predicted
18 week admitted	90.0%	93.0%	92.1%
18 week non - admitted	95.0%	95.8%	95.0%
95 <sup>th</sup> percentile (23 weeks)	<23 weeks	19.9 weeks	20.8 weeks
95 <sup>th</sup> percentile (18.3 weeks)	<18.3 weeks	17.3 weeks	17.4 weeks

Discussions are continuing with commissioners regarding the additional activity required to maintain this position, however as agreed at a previous Board meeting, the recruitment and additional work is continuing at risk.

The NHS Operating Framework for 2012-13 outlines a requirement to achieve 18 weeks at a specialty level rather than an aggregate level (however this is not yet reflected as a Monitor Compliance Framework requirement). There is also a new standard in the Operating Framework whereby 92% of patients on an incomplete pathway should have waited no longer than 18 weeks. It is not yet clarified whether this is also to be at specialty level. Currently the Trust would be in a position to achieve the admitted standard for all specialties with the exception of Orthopaedics and Ophthalmology. Further work is continuing within these specialties to achieve the standard in preparation for the delivery date, which is yet to be confirmed. Work is ongoing on understanding the challenge for non-admitted patients.

#### 4.3 Emergency Department – 4HRS

The latest month's data and Quarter 3 can be seen from the table below, the Trust continues to underperform against the 4 hour Monitor required standard. Significant work is being undertaken within the Trust and across the health economy to address this and a comprehensive Recovery Plan has been put in place and agreed with the PCT. Alongside the Recovery Plan is a projection of the expected performance improvements, as agreed with the PCT, to deliver the required standard by the end of Q4.

Measure	DEC	Q3
% seen within 4 hours 95%	91.76%	93.14%
Total time in A&E (95th percentile) < 4hours	5.19	4:50
Time to initial assessment (95th percentile) <15 minutes	0:15	0:14
Time to treatment decision (median) <60 minutes	0:57	1:02
Unplanned re attendance rate <5%	5.5%	5.9%
Left without being seen <5%	0.0%	0.0%

As can be seen from the indicators above, the 4 hour wait which is the key standard was not achieved. One of the main clinical safety standards is to have the initial assessment of each patient in the Emergency Department within 15 minutes, at the 95<sup>th</sup> percentile. This was achieved in both Q3 as a whole and in December. This is important in ensuring patients are clinically assessed for urgency in order that they can be treated in priority order to optimize outcomes. It also supports the work to improve the Ambulance Turnaround Times standard of 20 minutes.

The Recovery Plan incorporates all the actions described at the previous Board meeting together with a range of additional actions and resources which are the whole health economy response to improving the situation. This includes work on reducing Delayed Transfers of Care (DTC) where each day in Stepping Hill Hospital there are, on average, 52 patients medically fit for discharge and needing health or social care. Work is to be undertaken at a workshop on 1<sup>st</sup> February, with the PCT and Social Services to look at the Trafford Model where almost all DTCs have been eliminated.

#### 4.3.1 Ambulance Turnaround Times

The Trust, as previously reported, is considered an outlier on Ambulance Turnaround Times. A meeting was held on the 12<sup>th</sup> December with the GM Winter Control room team, the lead Commissioners for NWS, NHS Stockport and representatives from NWS. As a result of the meeting there was agreement that the data collection around the target was of concern. It was agreed that detailed work would be undertaken to identify why the information showed SNHSFT to be an outlier, as the data held by NWS did not demonstrate this. A further meeting is scheduled for later in January.

The standard turnaround time should be 20 minutes, in December the average time was 28 minutes. Screens have been moved within ED to facilitate faster switch off from ambulance handover and in January a second screen will be available in the Medical Assessment Unit to capture those vehicles which are for GP direct attendances.

#### 4.4 Stroke

Bed closures on E1, the largest of the two designated Stroke wards, due to Norovirus in December contributed to a slightly worsened position around the 90% of stroke patients spending 90% of their stay in a designated Stroke Unit. This target is closely linked to the ability to admit patients directly to a stroke bed. Following further reviews of systems and processes an additional action plan will be implemented in the latter part of January specifically to facilitate improved access to stroke beds. This reduces the threshold for admission to a stroke bed so capturing those patients whose initial diagnosis is not clearly stroke but for whom this is a potential diagnosis.

In addition, changes will be introduced which will ensure more efficient clerking of stroke patients on the Stroke Unit. The revised documentation will be implemented prior to February 1st.

4.5	<p>The Stroke Network have now commenced consultation on their proposed changes to Stroke Services across Greater Manchester, these are to further centralise Stroke services with the 4 hour window removed and an expectation that all Stroke patients will remain at the Primary Stroke Units for the initial 72 hours. The proposal is to go to the specialist Clinical Commissioning Board at the end of January. In the meantime further work is being carried out to understand the numbers of patients who would be cared for in Stockport with this more centralized model. The Trust is dovetailing its current action plans on improving the Stroke target with an understanding of the impact and resource required to absorb the additional activity generated by the potential changes in commissioning. The Board will be kept up to date on progress with these changes.</p> <p><u>Delayed Transfers of Care</u></p> <p>Further discussions on taking forward the Vanguard work to a larger population of patients took place in early January. The catchment population is still to be agreed. Initial roles have been identified to lead on different aspects of the Project including a Lead Chief Executive. Further role descriptions are being worked up for final agreement by the Chief Officers in each of the Local Authority, PCT and Foundation Trust. The Board will continue to receive updates on this significant project.</p> <p>In addition to this work the Trust continues to meet with social services three times a week to discuss the operational detail of each patient in the hospital who is likely to require health or social care support on discharge. Unfortunately there has not been any significant improvement in this position and the number over the past month remains in the early 50s. As noted above, it is understood that Trafford have improved their position significantly and this shared learning will hopefully prove to be transferrable to Stockport.</p>
5.0	<p><b><u>RECOMMENDATION</u></b></p> <p>That the content of the report be noted and further update be received monthly.</p>