

TO: West Gloucestershire Primary Care Trust Board

FROM: Nicki Millin, Assistant Director (Performance)

DATE: 18th May 2006

SUBJECT: PERFORMANCE REPORT

1.0 PURPOSE:**SECTION ONE**

To provide the Board with activity and key performance information for West Gloucestershire PCT.

SECTION TWO

We had planned to provide the Board with the PCT self assessment against the key healthcare standards required by the Healthcare Commission as part of the Annual Health Check, however it has not been possible to validate the data for this report. As a consequence this information will now be presented to the Board in July 2006.

SECTION ONE**2.0 SUMMARY OF KEY ISSUES AND TRAFFIC LIGHT SUMMARY**

- 2.1 One patient breached the 6 month wait times target in March 2006 at the Nuffield Orthopaedic Centre
- 2.2 Great Western Ambulance Service NHS Trust met its Category A calls target in April 2006.
- 2.3 Achievement of the 62 day cancer target is improving but not yet fully meeting the standards required from January 2006 onwards. GHNHSFT are aiming to meet 95% by the end of May.

Traffic light summary

Target	Traffic light	Page reference
Inpatient < 6 months elective wl	√	2
Outpatients < 13 weeks wl	√	2
Cancer one month diagnosis to treatment	√	3
Cancer two months referral to treatment	x	3
Ambulance Category A calls (8 mins)	√	5

Ambulance Category A calls (19 mins)	√	5
Ambulance Category B calls (19 mins)	x	5
Accident and Emergency 4 hour waits	√	6
Delayed transfers of care	-	6
MRSA/ Hospital Acquired Infection	x	6
Choose and Book	√	7
Agenda for Change	√	7

Key

Green	√	Better than plan
Amber	-	Nearly on plan
Red	x	Worse than plan

3.0 ACCESS (WAITING TIMES)

The NHS Plan set out the ultimate goal that by December 2005, the maximum wait time for inpatient treatment will be 6 months and outpatient treatment 3 months.

By December 2008 no patient should wait longer than 18 weeks from referral to treatment.

3.1 Current Wait times targets (6 months and 13 weeks)

- 2005/06 – There was a breach of the 6 month inpatient standard which occurred during March; this has not previously been reported to the Board. The breach occurred as a result of an electronic systems fault at the Nuffield Orthopaedic Centre. This patient has been given a treatment date during May.
- 2006/07 – There have not been any breaches to the current wait times targets.

3.2 December 2008 18 week referral to treatment target

There is a national expectation that PCTs will move towards an interim wait times target of 11 weeks (77 days) for outpatients and 20 weeks (140 days) for inpatients by March 2007. The approach agreed in Gloucestershire is that progress towards the 18 week target (and the associated 2007 interim milestones) will need to be achieved, at least in 2006/7, through service redesign, improved waiting list management, tighter demand management and improved efficiency.

The wait times as of the end of March 2006, shown as average and maximum waits with Gloucestershire Hospitals NHS Foundation Trust are reported below. This will provide the baseline against which progress towards targets can be measured.

Specialty (Code)	Average (Max) Outpatient** Wait In Days	Average (Max) Inpatient Wait In Days	Average (Max) Day-case Wait In Days
<i>Target wait (2007)</i>	77	140	140
General Surgery	44(91)	72(173)	69(173)
Urology	41(88)	63(167)	65(142)
T&O	44(91)	86(182)	79(175)
ENT	40(90)	75(168)	71(167)
Ophthalmology (non cataracts)	40(89)	69(161)	73(179)
Cataracts	as above	53(91)	50(91)
Oral Surgery	48(91)	74(160)	77(168)
Plastic Surgery	-	30(30)	49(91)
General Medicine	35(90)	-	-
Cardiology	42(89)	51(80)	56(116)
Gynaecology	38(90)	60(157)	53(172)
Dermatology	40(91)	-	-
Other	43(91)	-	30(30)

(** Combines urgent and routine waits)

Specialties in which the 2007 wait times target would be achieved if current wait performance was maintained are identified in bold.

3.2 Current Welsh Provider waiters

The PCT continues to have patients waiting in excess of NHS (for England) wait times targets with Welsh Providers. These patients are routinely offered the choice of another provider, but have chosen to remain with these providers. Current numbers are

- 2 over 6 month waits
- 3 over 13 week wait
- 6 over 17 week waits

4.0 CANCER WAITING TIMES

The NHS Cancer Plan sets the ultimate goal that by December 2005 no patient shall wait longer than one month (31 days) from diagnosis of cancer to the beginning of treatment, or more than two months (62 days) from Urgent GP referral for suspected cancer to the beginning of treatment except for good clinical reasons.

	January	February	Plan	Variance	Traffic light
One month diagnosis to treatment (31 day)	98.9%	99%	98%	+ 1%	✓
Two months referral to treatment (62 day)	85%	86%	95%	- 9%	x

4.1 Commentary

- GHNHSFT is meeting the 31 day target.
- GHNHSFT is improving its performance against the 62 day target; this is mainly as a result of the new urology pathway. The Trust's expected performance for end of March is 90%, but this figure has not yet been validated.

The following table shows performance against the 62 day target for urology.

Urology 62 day patients July 2005 – March 2006

	No of patients treated	No of breaches	% of patients seen within the standard
July 2005	12	6	50
August	10	5	50
September	14	6	57
October	9	6.5	24
November	9	3	67
December	17	6	65
January 2006	13	8	38
February	21	5	76
March (unvalidated)	24	4	83

(Note: Where patients are shared care with another Trust the breach of target is shared hence the 'half' patient shown here)

4.2 Actions

GHNHSFT are closely monitoring all specialties to identify any specific problems with performance which require addressing.

5.0 AMBULANCE SERVICES

Category A Calls (8 minutes) – This indicator measures performance in response of immediately life threatening, or category A calls. 75% should be met within 8 minutes

Category A Calls (19 minutes) – Ambulance Trusts are expected to respond to 95% of category A calls within a maximum of 19 minutes in rural areas.

Category B Calls – Ambulance Trusts are expected to respond to at least 95% of Category B calls within 19 minutes within rural areas.

Doctors Urgent calls – the ambulance must arrive at hospital within 15 minutes of the agreed time.

From the 1st April 2006 Gloucestershire Ambulance Service has merged with Avon and Wiltshire Services into the Great Western Ambulance Service Trust (GWATS). This report outlines GWAS overall performance which PCTs will be monitored against and provides the Gloucestershire and West Gloucestershire positions to ensure the Board are informed of local progress towards targets and plans to improve response times.

Great Western Ambulance Service (GWAS) Performance

	Apr 06	Plan	Variance	Traffic Light
Cat A (8mins)	76.3%	75%	1.3%	
Cat A (19 mins)	95.0%	95%	0	
Cat B (19 mins)	89.1%	95%	-5.9%	
GP Urgents	91.6%	95%	-3.4%	

Great Western Ambulance Service (GWAS) – Gloucestershire sector Performance

	Apr 06	Cumulative position	Plan	Variance	Traffic Light
Cat A (8mins)	70.54%	70.54%	75%	-4.46%	x
Cat A (19 mins)	91.89%	91.89%	95%	-3.11%	x
Cat B (19 mins)	88.58%	88.58%	95%	-6.42%	x
GP Urgents	82.42%	82.42%	95%	-12.58%	x

Great Western Ambulance Service Performance against West Gloucestershire PCT responsible population

	Apr 06	Cumulative position	Plan	Variance	Traffic Light
Cat A (8mins)	73.53%	73.53%	75%	-1.47%	-
Cat A (19 mins)	94.61%	94.61%	95%	-0.39%	-
Cat B (19 mins)	91.70%	91.70%	95%	-3.30%	x
GP Urgents	81.52%	81.52%	95%	-13.48%	x

5.1 Commentary

Great Western Ambulance Trust has met the Category A response times for both 8 and 19 minutes. During April the Trust has shown a slight improvement in performance against all standards in both the Gloucestershire and West Gloucestershire response times.

6.0 ACCIDENT AND EMERGENCY

A & E 4 hours – The NHS target requires that at least 98% of patients spend 4 hours or less in any type of A & E from arrival to admission or discharge from January 2005 onwards.

	Q4	Apr 06	Q1 to date	Plan	Variance	Traffic light
Seen in A & E in 4 hours	98.0%	98.0%	98.0%	98.0%	0.0%	√

6.1 Commentary

GHNHSFT continues to meet the four hour A&E target.

7.0 DELAYED TRANSFERS OF CARE

Delayed Transfers of Care to reduce to a minimal level by 2006.

7.1 Commentary

The number of delayed transfers of care as at the 4th May 2006 is 9 of which 3 have already been discharged. These are broken down as follows:

- 1 patient was waiting for a specialist NHS funded placement, but has now been discharged.
- 4 patients are waiting for placements at nursing/residential homes; their families are currently looking at homes on their behalf.
- 4 patients are exercising choice, of these 2 have already been discharged and 1 is being assessed by their home of choice and 1 patients family is currently in the process of choosing a home.

8.00 MRSA/ HOSPITAL ACQUIRED INFECTION

The national target for all Acute Trusts is to reduce the number of MRSA infections from the Trust baseline figure of 2003/04 by 60% by March 2008.

8.1 Commentary

There is no further update on last months report available to report to the Board.

9.0 CHOOSE AND BOOK

By December 2005 patients to be offered a choice of four or five hospitals for elective referrals for consultant led outpatient appointments at the time that they are referred by their GP or Primary Care Professional. The patient should also be offered a choice of time and date for their booked appointment.

90% of GP referrals to be made via the choose and book software by 31st March 2007

9.1 Commentary

As at the 10th May 24 practices are using the Choose & Book software.

The following table shows the number of bookings made through the Choose and Book system against the agreed profile for 2006/07.

Month	Actual No. of bookings	Planned No. of bookings	Actual % of Referral	Planned % of Referral
April	160	100	5.7%	3.5%

10.0 AGENDA FOR CHANGE

*95% of Staff to be assimilated by Payroll for the 30th September 2005 and 100% by the 31st October 2005.
100% of Knowledge and Skills Frameworks (KSF) to be completed by the 31st December 2005.*

10.1 Agenda for Change banding reviews

To date the PCT has received requests to review 85 job descriptions (equates to 126 people, i.e. some job descriptions relate to more than one member of staff).

The first 12 job descriptions (equates to 30 people) have gone to a panel. Of these 9 job descriptions went up 1 band and 3 remained the same.

11.0 DENTISTRY

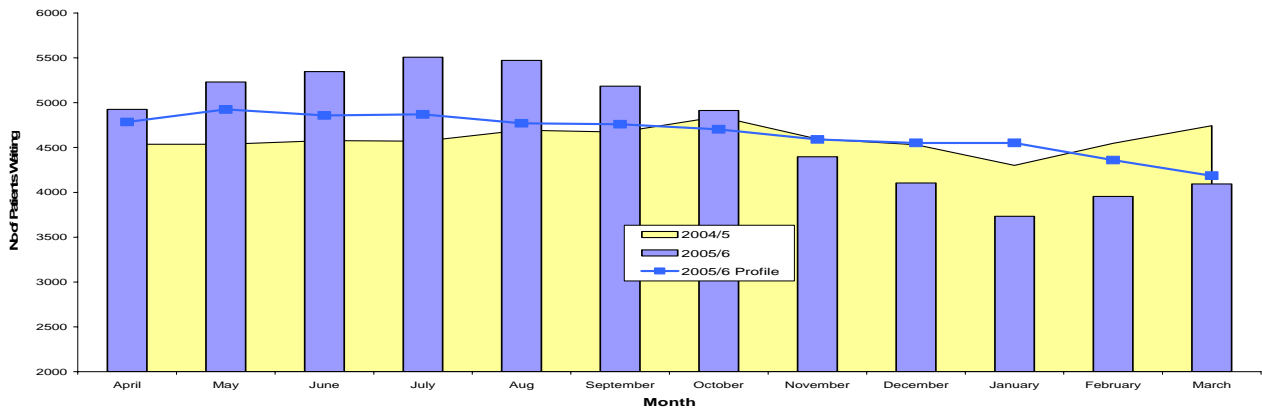
There is no update available on levels of Dental activity from the previous Board Report, the next validated figures will be provided in the July report.

12.0 RECOMMENDATIONS

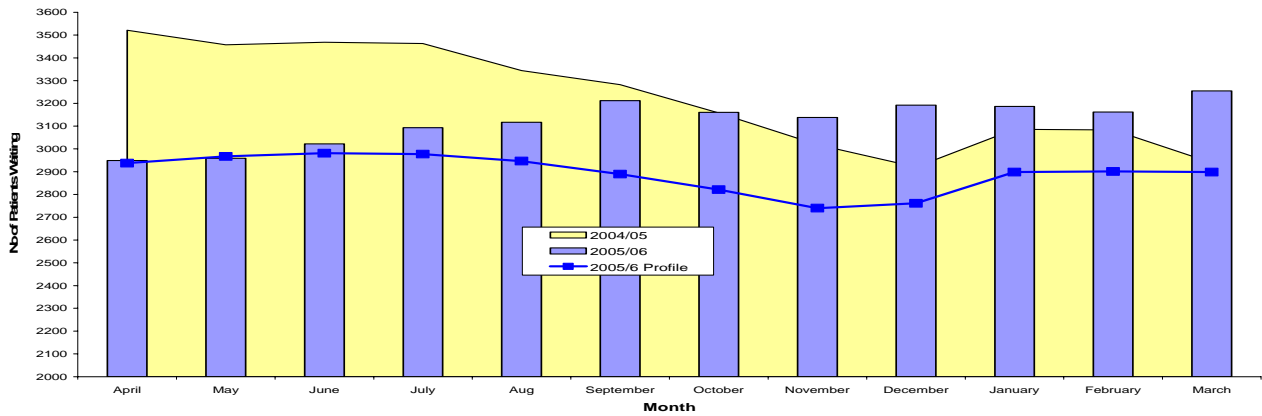
Board members are asked to note the contents of this report and the actions that are being taken to maintain and improve performance.

APPENDIX 1 - SUPPORTING DATA

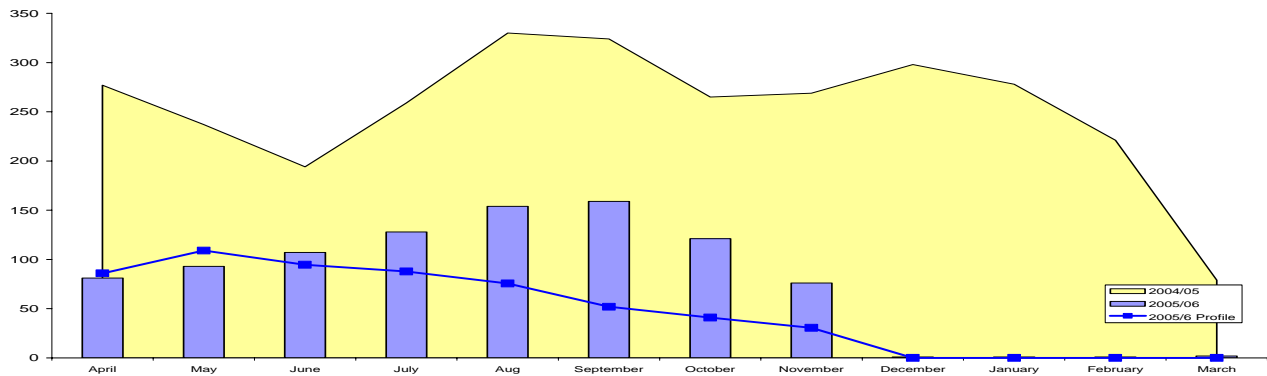
West Gloucestershire Outpatient Waiting List March 2006 position - All providers



West Gloucestershire Inpatient Elective List Size March 2006 position- All Providers



West Gloucestershire over 6 month waiters March 2006 position - All Providers



Non Elective Admissions into GHNHSFT for the period Apr – Mar 04/5 to 05/6

Method of Admission	Total Spells		Variance
	04/05	05/06	
Accident & Emergency, Dental Casualty Dept	7793	8612	10.5%
Emergency - GP	6097	6811	11.7%
Emergency - OP Clinic	596	592	-0.7%
Emergency - Other	793	827	4.3%
Maternity	5372	4914	-8.5%
Transferred from other Health Care Provider	131	160	22.1%
Total	20782	21916	5.5%