

Appendix 2 - Performance Narrative – Areas of Improvement and Concern

1. Introduction

This paper notes the specific areas where performance has improved or is/has recently been, below target, and the actions taken, or to be taken, to ensure achievement. Several of the areas below will be followed up in the coming months with the relevant workstream.

2. Herefordshire A&E 4 Hour Waiting Times – HC1 – Lead Workstream Planned Care

As expected the national target of 98% has been adjusted nationally to 95%. Since this amendment Hereford Hospital Trust has managed to achieve and exceed the target. Performance year to date has dipped slightly from Q1 but remains above the 95% threshold.

3. Cervical Cancer Screening - VSA 15 - All women to receive results of cervical screening tests within 2 weeks by December 2010 – Lead Workstream – Planned Care

We have been requested by WMSHA to comment on our achievement of this Vital Sign target and advise on any issues that may interfere with meeting the national expectation by December 2010. However Herefordshire PCT is recognised as one of the best performers – top 3 of the 17 PCTs in the West Midlands region and is not seen as an organisation of concern.

Below is the commentary submitted to the SHA.

'Having reviewed the service level activity to date Herefordshire PCT is not aware of any issues/circumstances that would impact on the delivery of the target by December 2010. To ensure that we remain on course to achieve the target we have recently asked all surgeries to use pre-populated printed forms for all their smears from the Open Exeter system. This cuts down processing time in the lab and reduces errors that require smears to be returned to the practice so is an important part of improving the turnaround of the smears. Most practices are now using the system and we are planning visits to the small number who are having difficulties'.

4. Herefordshire & West Midlands Ambulance Response Times – HC8 a-c – Lead Workstream – Planned Care

In Q2 ambulance response times in Herefordshire continue to show a slight improvement. We are still awaiting further detail of any planned improvement actions. These improvements are planned to be implemented through the newly formed regional cluster group following changes at the SHA. Herefordshire is now part of the West Mercia Cluster Group with Worcestershire and Shropshire.

5. Cancer Waiting Times – VSA 8 -13 – Planned Care

Overleaf a table showing the latest achievements, as at June 2010, of the cancer waiting time standards for Herefordshire as provider and commissioner. In relation to these the following should be noted:

- **Breast Symptomatic** - There have been capacity issues due to consultant leave - the figures have improved over the past two months. This will be followed up through the Quality Review Forum and as part of a wider Breast Screening Service review.

- **62 Day Referral to Treatment: Target 85%-** Hereford Hospitals Trust achieved the target therefore breaching patients are possibly being treated either in Gloucestershire or Worcs.
- **31 Day Rare Cancers - Target 85%** - There were only 2 patients in June - 1 breached due to capacity issues, it is understand that CQC does not regard this as material breach as the numbers are too small.
- **Ex 62 Day RTT Consultant Upgrade: Target to be confirmed-** Hereford Hospitals Trust achieved the target therefore breaching patients are possibly being treated either in Gloucestershire or Worcs.

Cancer Waiting Time Targets	Operational Standard	PCT Commissioning		HHT Provider	
		June	YTD	June	YTD
14 day wait for all patients urgently referred by a GP/GDP for suspected cancer to date first seen	93%	98.31%	98.21%	98.26%	97.85%
2ww Breast Symptom	93%	93.88%	85.11%	94.12%	86.52%
1 month (31 days) from decision to treat to first treatment (All Cancers)	96%	100.00%	99.59%	100.00%	100.00%
2 months (62 days) from urgent GP referral to first treatment (All Cancers)	85%	81.58%	86.96%	88.64%	90.79%
1 month (31 days) from urgent GP referral to first treatment for acute leukaemia, testicular and children's cancers	85%	50.00%	50.00%	N/A	N/A
Extended 62 Day referral to treatment (screening programme)	90%	87.50%	91.67%	94.12%	91.11%
Extended 62 Day referral to treatment (consultant upgrade)	tbc (94%)	66.67%	85.71%	100.00%	100.00%
31 Day Subsequent treatment (surgery)	94%	100.00%	97.87%	100.00%	98.04%
32 Day Subsequent treatment (drug)	98%	100.00%	100.00%	100.00%	100.00%
31 Day Subsequent treatment (radiotherapy)	94%	100.00%	100.00%	N/A	N/A

6. Stroke Care – VSA 14 – Lead Workstream – Unscheduled Care

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Quality stroke care - +90% of time spent on stroke unit	Jul-10	80% by Mar 2011	33.00%	↑
Quality stroke care - % of people with TIA scanned and treated within 24 hours	Jul-10	60% by Mar 2011	16.00%	↑

The Stroke Project Working Group meets monthly to review the commissioning of stroke services and progress in delivering the agreed new stroke care pathway.

The Business Case for Inpatient Community and Home-Based Stroke Services, developed by the Service Integration Programme, includes actions proposed to develop and improve the following acute stroke service provision:-

- Transient Ischemic Attack (TIA)
- Thrombolysis
- Acute Stroke Unit Bed Management

The actions that have already been implemented have resulted in some improvement in performance during July within those areas that are monitored against Vital Signs targets – namely, TIA and Acute Stroke Unit Bed Management. **However it should be noted that based on previous years' activity it is estimated that the Acute Stroke Unit target for 2010/11 will not be met and it is unlikely that the TIA target will be met.**

Further details relating to planned improvements in this services are incorporated within the “Stroke Service Update” paper presented to this meeting

7. Delayed Transfers of Care – VSC 10 (NI131) –Lead Workstream - Unscheduled Care

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Number of delayed transfers of care per 100,000 population (aged 18 and over)	Jul-10	27 per wk avg.	48.40	↑
Rate of delayed transfers of care per 100,000 population (aged 18 and over)	Jul-10	18.6	34.62	↑

Hereford Hospitals Trust is currently underperforming against expectation in terms of the local health economy. Despite the under-performance, as at July 31st, the overall trend of performance is beginning to improve from the quarter 1 position. A community wide action plan to address under-performance has been developed and is in the early stages of implementation. Some of the initiatives identified that are underway;

1. Daily monitoring of delays has to be established across providers:
2. System wide bed management process has been developed between providers:

3. Repetition of assessments between health and social care has to be avoided:
4. Review of panels and the benefit of joint panels:
5. Review of the discharge policy:
6. Monitoring of readmission rates to ensure appropriate transfers:
7. Accountability for the system wide target to be established:

Future reporting of performance/achievement of the delayed discharge target will change significantly over the coming months. This is due to the changes in reporting requirements implemented by the DoH as of 1st August which are;

- Weekly returns will cease as of 1st August
- A new monthly return will replace the weekly return – due early September.
- Independent providers will be required to submit their own return direct to the DoH via Unify 2 (DoH reporting system).

Historically the number of patients delayed has counted those patients delayed in an acute/non-acute bed as of midnight on the Thursday of that week. With the implementation of the new monthly return organisations are now required to only count those patients delayed in an acute/non-acute bed as of midnight on the last Thursday of the month.

It is not clear yet whether the DoH intend to alter the performance measurement threshold of this target. However it will mean that if the current measure remains we will see a “*significant improvement*” in the overall performance based on the data available. Further information around this process and associated targets is being outlined in a separate paper.

8. VSC17/N1130 - % of Adults and older people receiving self-directed support who are supported to live independently (aged 18 and over)

The Department of Health had set a stretch target of 30% of services users receiving individualised budgets by 2011 (NI130, Social Care clients receiving Self Directed Support). Our latest overrun for the month 5.4 %

However, a number of local authorities have expressed concern about NI130 and require a review of the interpretation of this indicator in order to reach the ambitious 30% target. The previous government had shifted its focus towards personal indicative budgets and away from, what was previously our strategy, of offering individualised budgets. The new coalition government has stated its commitment to extending the greater roll-out of personal budgets to give people and their carers more control and purchasing power and a revised target of 35% has been muted.

Our current performance has remained around 5% for NI 130, largely because growth in NI 136 as the ‘denominator’ has masked significant growth in NI130. Having said this performance compares favourably with other West Midlands authorities, but is still a way short of the 30% target and to some extent reflects the low base from which we started. We now have robust plans now in place to improve this indicator and the implementation of our new RAS system in autumn 2010, will see a further significant improvement in performance. We are confident our ‘Personalisation Programme’ will deliver our programme objectives by November 2010 and NI130 has also been made a key corporate priority ensuring engagement at all levels in achieving this target.

