

REPORT TO: HEALTH OVERVIEW AND SCRUTINY PANEL

DATE OF MEETING:

SUBJECT OF REPORT: WESTON AREA HEALTH NHS TRUST – SUMMARY PERFORMANCE REPORT – HALF YEAR ENDING JUNE 2016

TOWN OR PARISH: ALL

OFFICER PRESENTING: JAMES RIMMER, CHIEF EXECUTIVE

KEY DECISION: INFORMATION AND DISCUSSION

RECOMMENDATIONS

Members are asked to note the content of this report which provides an update on performance within Weston Area Health NHS Trust.

1 SUMMARY OF REPORT

The Trust has faced a challenging first half of the year in respect of performance against some key national standards.

Overall performance has been good against most measures and is in line with expectation for the year to-date.

The winter period of quarter 4 2015/16 brought particular operational pressures relating to emergency care. In line with similar pressures elsewhere in the country this resulted in plans being enacted to increased bed capacity to help manage emergency flows through the acute hospital. Despite support from community, local authority and CCG system partners these challenges have continued through the year to date.

The most challenging area this period has been through our Emergency Department service where the Trust has failed to see and treat 95% of patients within four hours in both quarter 4 of the last financial year and quarter 1 of this. This is due to a number of reasons which are detailed within this report.

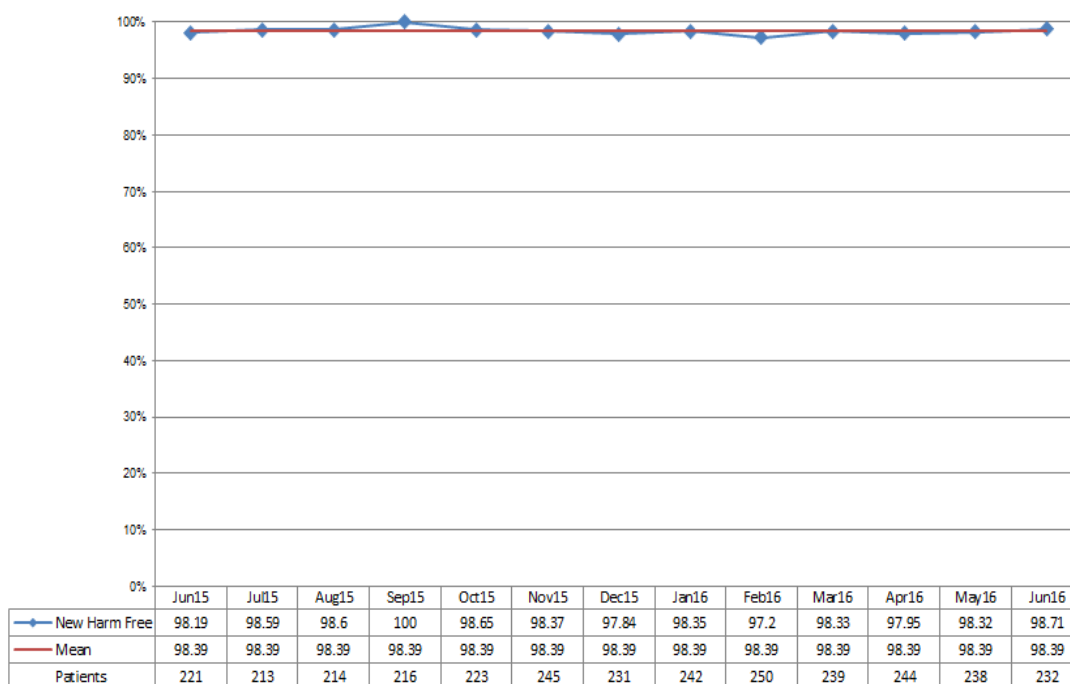
The Trust has positively managed it's delivery of the national target for Referral to Treatment (RTT), continuing to maintain it's consistent delivery of this standard throughout the quarters and year. Similarly performance against the national Diagnostic Standard of 99% of patients to be seen within 6 weeks.

The Trust has continued to improve its performance against the national cancer targets. We recognise the delivery of the 62 day standard has been inconsistent and have put additional management support and measures in place with partner Trusts in neighbouring Tertiary centres to improve pathways for patients moving between two centres. We also continue to face challenges in achievement in the breast symptomatic two week wait standard, due mainly to patient choice.

2 NEW HARM FREE CARE

The NHS Safety Thermometer is the measurement tool to support patient safety improvement and records patient harm and quality of services in the delivery of harm free care, measuring four key new harms; new pressure ulcers, new falls, new urinary tract infections from catheter and new venous thromboembolisms.

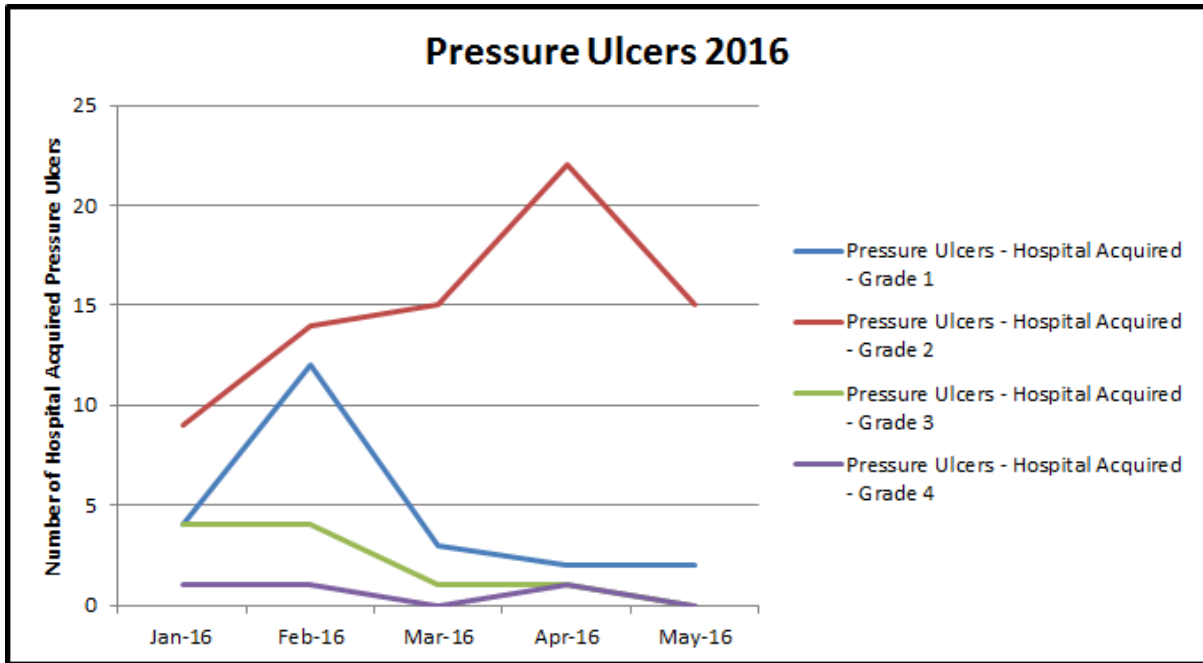
The data below tracks the performance of the Trust in the delivery of new harm free care for the year to date ending June 2016.



The trend shows new harm free care remaining stable and with an average of 98.17% across the year.

The main drivers for this improvement have been focussed attention from key members of the Trust, incorporating matrons, ward sisters and specialist nurses, led by the Associate Director of Nursing, to address the assessment, care planning, monitoring and ongoing risks for patients with increased risk of harm.

There has been a marked reduction in the number of Grade 3 and 4 pressure ulcers over the past year.



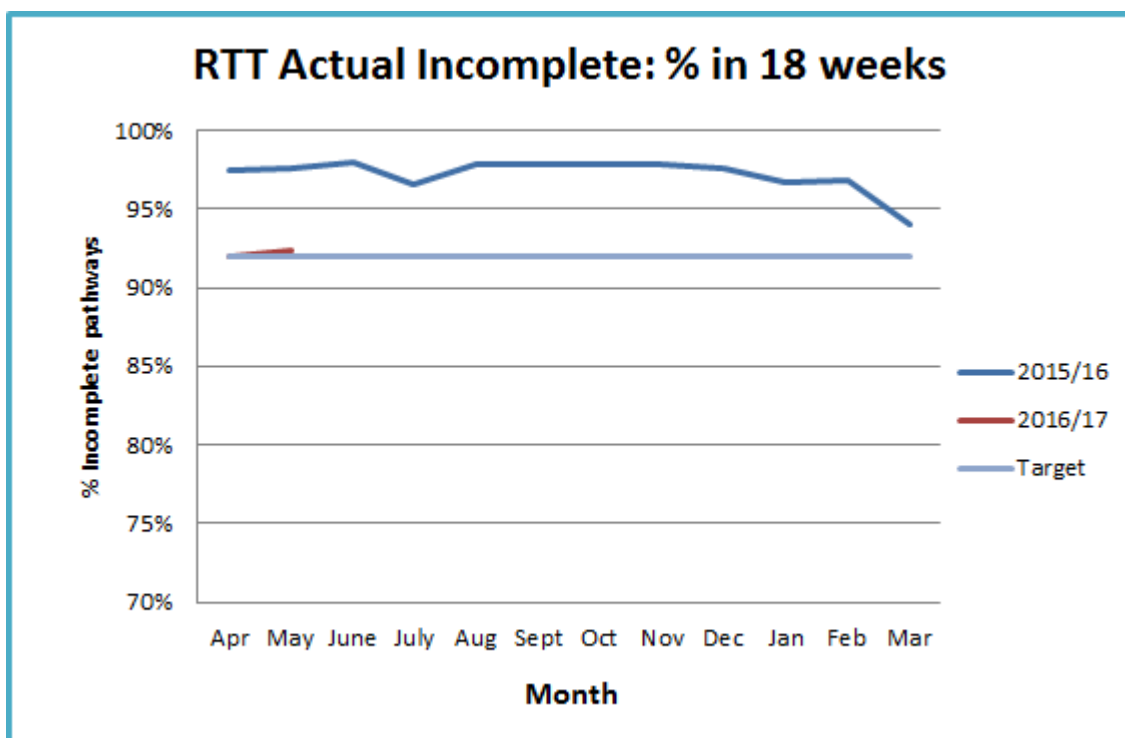
Other areas within the safety thermometer include UTI from catheter and the Trust has not seen a catheter acquired UTI in the past two months; this is despite a relatively high number of catheterised patients in the Hospital (20.20%).

This year (July 2015 to June 2016) we have seen a slight reduction in the assessment of VTE in all patients with over 94.13% of patients now being assessed within 24 hours of admission.

3 REFERRAL TO TREATMENT WAITING TIMES

Across all areas the Trust continues to deliver consistent referral to treatment time, despite pressures on patient flow which resulted in a small number of specialties not achieving their planned reductions in the month. Impacts of the recent Junior Doctors Industrial Action and operational pressures resulting in cancelled surgery has caused a growth in waiting lists which is being addressed over the summer months to ensure continued delivery of all access standards.

The Trust now reports incomplete pathway adherence in line with national reporting standard, the graph below details compliance with the 92% standard.

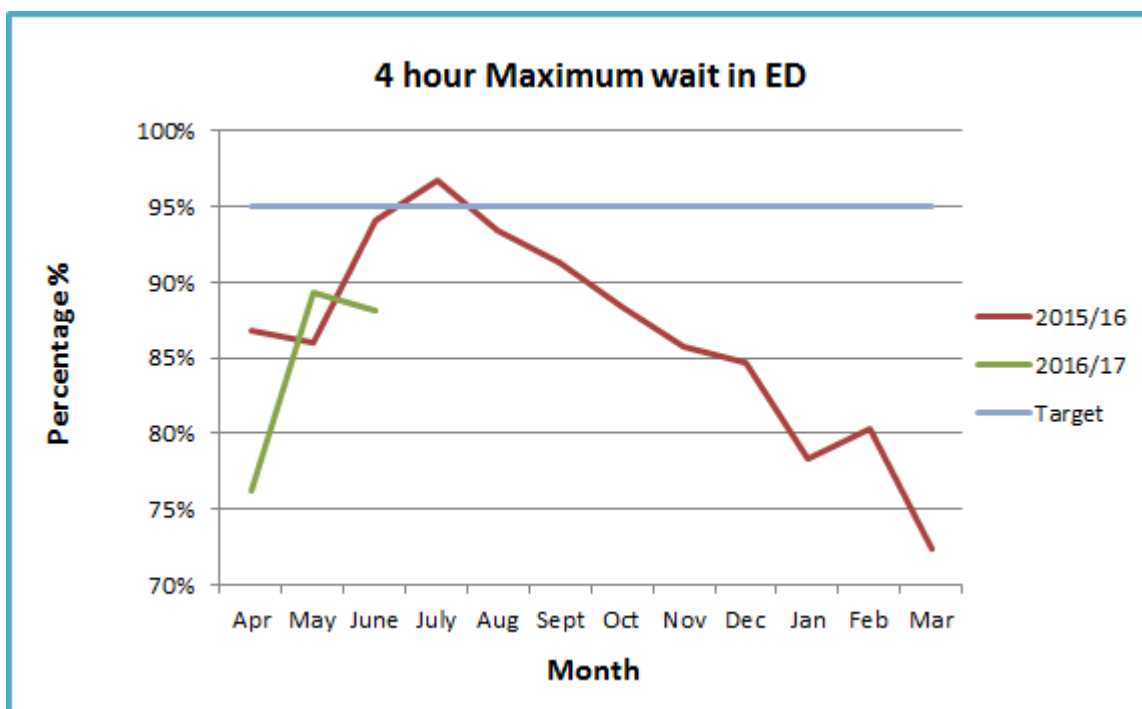


4 EMERGENCY DEPARTMENT

The NHS Constitution sets the national standard where in 95% of all patients attending NHS Emergency Department's spend a maximum of four hours in the department before being discharged, referred/transferred to other services or admitted to the hospital and transferred to an inpatient bed. The target was not achieved in April, May or June 2016 as illustrated below. This is as a result of two key factors:

The increase in demand for beds (emergency and elective) has outstripped capacity reflected in the small increase of the length of stay.

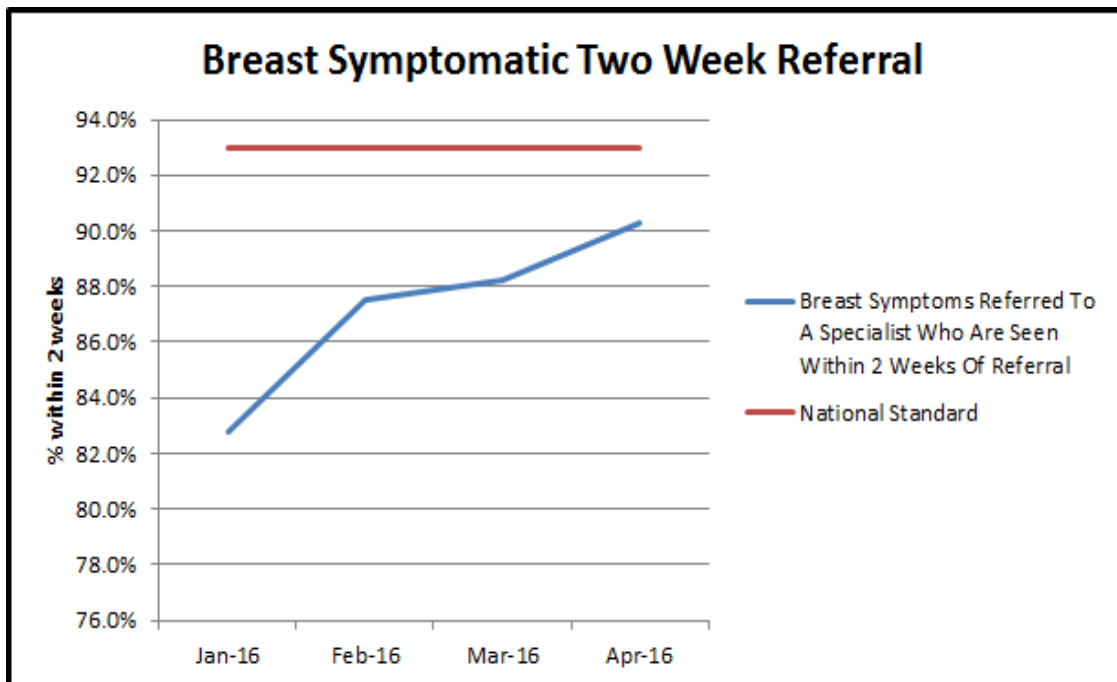
The Trust has been experiencing increases in activity at later peaks in the day which put significant pressure on the Emergency Department. This activity is a mixture of both an increase in walk-in patients and ambulance arrivals.



Delivery of the Emergency Department four hour target has been challenging due to an ongoing increase in demand coupled with patients remaining longer in hospital. The Trust is working closely with the North Somerset Urgent Care Network, which includes partner organisations from the Local Authority, Community Partnership, Ambulance Trust and Mental Health Services to bring about the required level of improvement. The health system in North Somerset are working as part of the Emergency Care Improvement Programme to learn from best practice to bring about sustained recovery together with resilience. These plans are being led internally under the Time to Make a Difference Programme and some improvement has been demonstrated since April 2016.

5 CANCER

The Trust strives to achieve the national cancer waiting times as they are important to patients clinical outcomes, are a measure of how the Trust is responding to demands for services, and highlights where there are delays in the system. Of the eight national measures, the Trust achieved seven in April – missing the Breast Symptomatic two week wait 93% standard. This was due to patient choice to not come in within the two week period and equated to just three patients.



Work is ongoing to ensure patients referred in on a fast track pathway understand the importance of accepting the first available appointment. The increased performance from January shows the success of the collaboration work between Primary and Secondary care to highlight the need to attend within two weeks. Cancer data is reported in arrears following a stringent validation process.

6 AUTHOR

Karen Croker, Director of Operations