

REPORT TO WALSALL SOCIAL CARE & HEALTH SCRUTINY PANEL
TRUST IMPROVEMENT PLAN – ACCESS STANDARDS UPDATE
24TH SEPTEMBER 2015

INTRODUCTION

Walsall Healthcare NHS Trust agreed a Trust Improvement Plan in June 2015 to enable the trust to recover from the significant operational pressures that we faced during 2014 and ensure that the Trust has a clear strategy for a clinically and financially sustainable future.

This Plan was presented to the July meeting of the Scrutiny Panel and an update on performance against the main national access standards for the NHS was requested for the September meeting. This report provides that update.

BACKGROUND

The Trust agreed its Improvement Plan in June 2015. As presented at the July Scrutiny Panel the Plan is based on ten objectives in three areas: improving for patients, improving for colleagues and improving for the long-term. A reminder of the structure of the plan and the ten objectives is set out in the box below.



Improving Objectives for 2015/16

We have set 10 core objectives for the Trust for 2015/16 to deliver our aim of improving for patients, improving for colleagues and improving for the long-term.

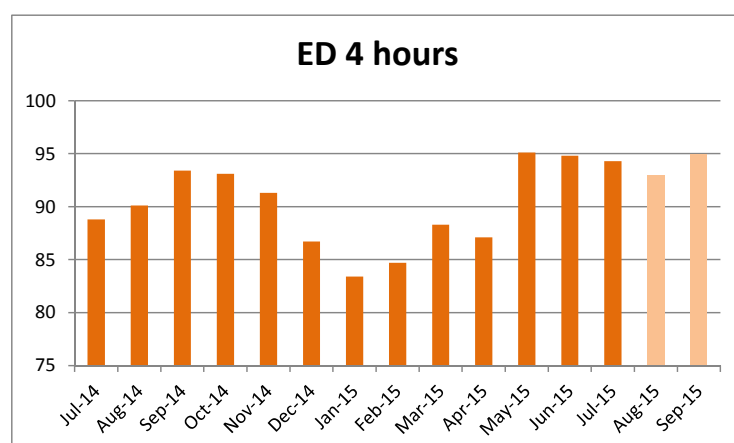
Improving for patients	1. Care for more patients in their own homes through new community model – 5 x locality teams working with GPs, social care and mental health teams.
	2. Quality & Safety – progress on key priorities (mortality rates, infection control, pressure ulcers, falls, patient experience) and respond to our mock CQC inspection.
	3. Improve our Emergency Care Pathway (ED 4 hour standard).
	4. Improve our Elective Care Pathway (18 weeks, cancer, diagnostics, follow ups).
Improving for colleagues	5. Invest in Safer Staffing (inpatient ward nursing, midwifery and community teams) to improve colleague experience and quality of care.
	6. Improve colleague experience by understanding and responding to what matters most through “Colleague Connect” approach.
	7. Support devolved decision making and accountability based on the “team of three” medical / nursing / general management approach.
Improving for the long-term	8. Deliver financial plan of a deficit of no more than £17.7m including delivery of a savings programme of £10.5m (4.1% of expenditure).
	9. Design a service strategy and Long-Term Financial Model working with health economy partners to set out route to clinical and financial sustainability.
	10. Act on outcomes of Governance Review (Foresight) and Financial Review (KPMG).

Reducing waiting times for treatment and improving performance on the main emergency and elective national access standards forms the basis of objectives 3 and 4 of the plan. The rest of this paper provides a summary of our progress in these areas.

REDUCING WAITING TIMES FOR TREATMENT

This section of the report identifies the main national access standards for treatment and sets out the progress that the Trust has made through the Improvement Plan.

Emergency Department 4 Hours Standard

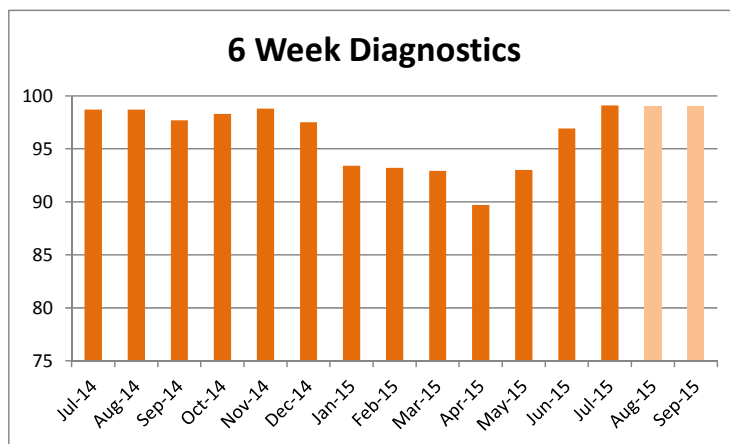


- May – August saw an improvement in waiting times for treatment in the Emergency Department.
- Performance was just below the national standard at 94% of patients treated, admitted or discharged within 4 hours. This compares to less than 90% in the

same period last year. 1,700 fewer patients waited over 4 hours in Q1 2015/16 compared to Q4 2014/15.

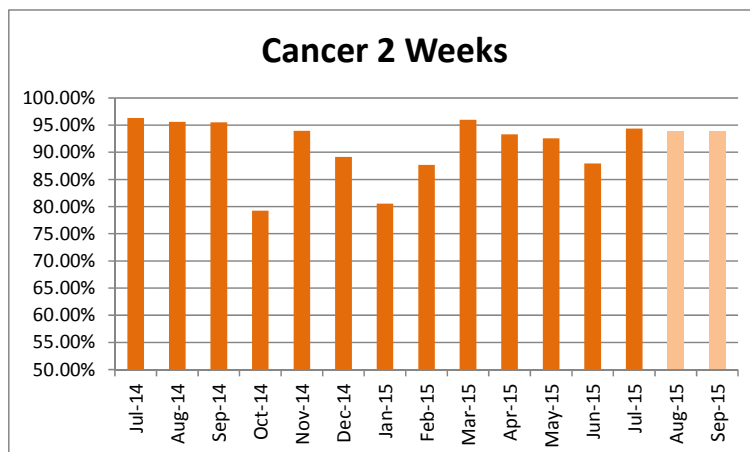
- There are risks to continued improvement on this standard as we head into the busier winter period. The first weeks of September have seen pressure in ED again. The Trust is working with the CCG and Social Services to ensure that our health economy plan for the winter is as robust as possible.
- The Trust is continuing to work on our Patient Flow Plan to ensure that our teams work effectively to plan and deliver patients' care ensuring a safe discharge as early as possible. Working closely with social care teams is an important part of this plan.

6 Week Diagnostic Waits



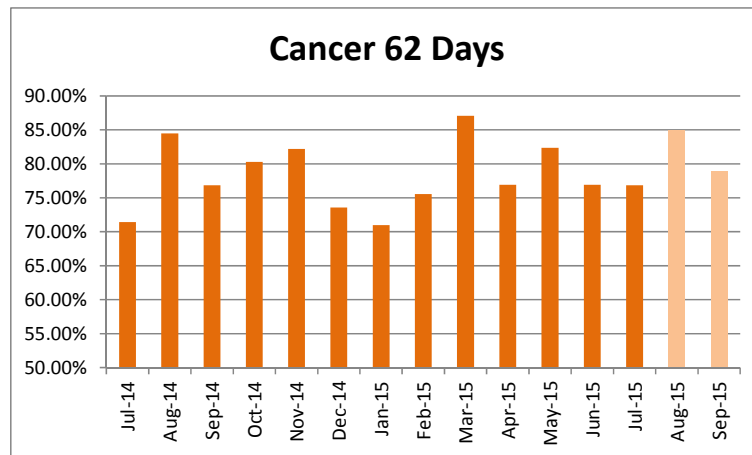
- After difficulties over the winter period that also affected the start of the year, the Trust has now delivered the national standard of 99% of patients waiting no more than 6 weeks for diagnostics.
- This has reduced waiting times for endoscopy in particular.
- We have also committed extra resources to reducing reporting times for MRI and CT scans and these are now coming down to a 2 week maximum.

Cancer 2 Weeks for First Appointment



- Again, after difficulties in previous months, the Trust has now delivered the national standard for 94% of patients referred with suspected cancer seen within 2 weeks.
- Increasing the capacity of our breast cancer team by securing additional breast radiology input from Sandwell & West Birmingham Trust has been part of this delivery. Reducing waiting times in gastroenterology through extra activity has also contributed.

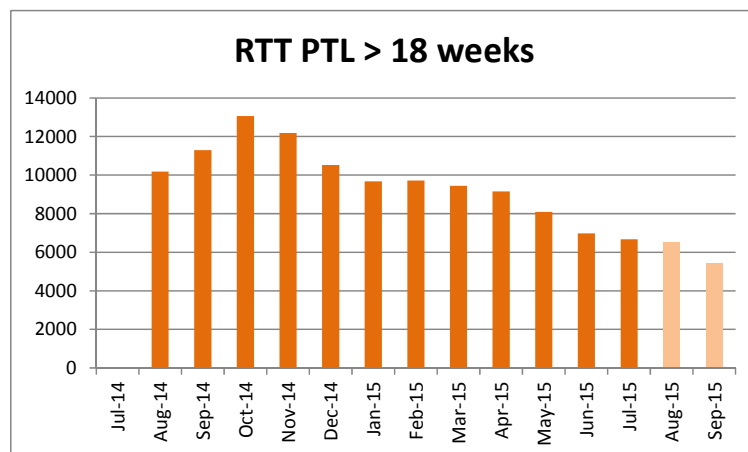
Cancer 62 Days to First Treatment

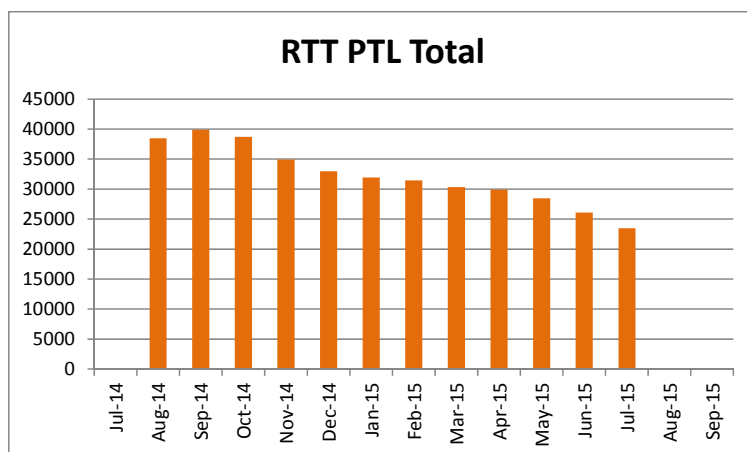


- After a number of months in which we struggled to meet this standard, the Trust delivered the national standard for 84% of cancer patients receiving their first treatment within 62 days of referral in August.
- We expect performance to drop in September as we ensure some long waiting patients in urology are treated at the tertiary centre. Our plan is then to sustain delivery of this important standard from October.

18 Week Referral to Treatment (RTT) Standard

This standard includes reduction of the total waiting list for the trust – the Primary Targetting List (PTL)





- Note: the Trust formally withdrew from reporting 18 week and waiting list information to the national system in October 2014 as a result of data quality concerns linked to the new Patient Administration System. We are undertaking a formal assessment of our readiness to return to reporting before December 2015. The data presented here is therefore still subject to this assessment and continued data validation work.
- After an increase in the Spring (12 months following the go live of our new PAS and following a difficult winter), the Trust is now steadily reducing the longest waiting patients. We plan to have no over 52 week waits for inpatient and outpatient treatment from the end of September.
- The number of patients waiting over 18 weeks has reduced from c. 12,000 at its height to 6,600. The Trust's recovery plan aims to reduce this to "business as usual" levels by March 2016.
- The total number of patients waiting has reduced from c. 40,000 to 22,900 and is continuing to reduce. 71% of patients are currently waiting less than 18 weeks.
- The waiting list has been reviewed by the Trust's consultants and by patient's GPs to ensure that clinically urgent patients are prioritised. A Review Group has been established to review any individual cases where the clinical team are concerned about the risk of harm to patients.
- The recovery plan includes improving outpatient booking and scheduling to ensure maximum use of Trust capacity, delivering additional activity in-house and working with GPs and Trust consultants to use capacity in other providers where appropriate.

CONCLUSION

Part of the Trust's Improvement Plan aims to reduce waiting times for treatment and ensure delivery of national access standards. We have seen improvement since April in a number of areas including:

- A&E 4 hour waits;
- 6 week waits for diagnostic tests;
- Cancer waiting times.

We are reducing the longest waits for elective treatment and the total numbers waiting over 18 weeks are also reducing steadily. The Trust is continuing to deliver extra activity to ensure that this reduction continues in line with our plan.

Richard Kirby
Chief Executive

15th September 2015