

Performance Report

Pennine Acute NHS Trust

Introduction

The following report outlines the current issues regarding performance of Pennine Acute NHS Trust (PAHT) in the first quarter and part of the second quarter of this year. Whilst PAHT performance is reported as a single organisation, accountability for performance rests with each Care Organisation either as a site responsibility or where they host the service on behalf of PAHT.

Each Care Organisation reports monthly to the Board with a statement of assurance that describes its performance against quality, finance and use of resources, operational performance, engagement and workforce, leadership and capability and strategic change. This report will focus on quality and operational performance.

The following papers are attached for information:

- CIC Group Scorecard (April to July)*
- Annual plan update

*Salford data is included but is not relevant for the JHOSC

Summary

North Manchester Care Organisation

A&E 4 hour waiting time target is below the national target but has maintained its GM target during May and June 2018 (84%). This was due in part to shortages of staff both in the hospital and in discharge support teams. NMCO are improving the use of their A&E assessment facilities and the ambulatory care unit. They have implemented their Discharge to Assess process and improved the use of the discharge lounge.

Its cancer 2 week wait performance has deteriorated from April as has the 62 day wait figure. Remedial action plans are in place to address this but NMCO have capacity issues in breast services and have set up additional clinics.

RTT has a decreased backlog of activity but has experienced increased demand for some specialities and there is reduced flexibility on theatre capacity as a result of the closures.

Mortality continues to reduce in NMCO. Infection rates remain low and the falls trend remains stable. There is an improvement in the timelines of complaints responses. NMCO continues to have a small number of mixed sex accommodation breaches.

Oldham Care Organisation

A&E 4 hour waiting time target is below the national target and is not maintaining its GM target (86.6%) and remains extremely challenging. A weekly Improvement Group has been established to address patient flow and lengths of stay.

Two week waits for cancer are slightly improving particularly in gynaecology, haematology and upper GI but challenges remain in the colorectal service due to medical staffing issues (now resolved). The 62 day standard is also improving though still below target.

Numbers of fallers continue to reduce. There have been a number of CDiff cases during this year all of which are reviewed. Improvements in the cleaning services have been implemented.

Bury and Rochdale Care Organisation (BRCO)

BRCO meet their A&E performance for 4 hour waits. Their urgent care centre performance was 99%.

RTT figures achieve its targets. However, services on the BRCO site are less complex than those at Oldham and North Manchester.

Cancer targets are generally met though there is a decline in performance in two week waits.

Quality standards are being maintained with reductions in pressure ulcers, minimal C-diff, CQC improvement plan being implemented with plans for reviews and deep dives where required.

Points to note

All Care Organisations continue to implement the NAAS standards which are applied to nursing standards across all hospital wards in the Northern Care Alliance eg person centred care, safeguarding and end of life care.

Whilst cancer performance needs to improve, referrals for cancer services are increasing as more people are screened and there is more focus in primary care on early diagnosis to improve outcomes for people with cancer. There are also more people living with cancer longer.

Demand continues to increase for emergency and urgent care. PAHT is working in partnership with all the Local Care Organisations to develop services that provide alternatives to acute hospital care.

The performance is only reflective of less than half a year's activity. We are proposing a fuller session in January if the JHOSC think this would be helpful.

Jo Purcell

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