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**Trust Board meeting in public 24 November 2011**

**Performance Summary to October 2011**

**Purpose of the Report:** To brief the board on performance to date on key targets

**Report by: Jan Filochowski, Chief Executive**

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**Purpose**

1. This report is intended to brief Trust Board members on issues arising from performance against a range of indicators during the period April to October 2011.

**Key performance indicators**

2. Attachment 1 summarises the key indicators against which the Trust will be judged in 2011-12 by:
  - The Department of Health in their application of the NHS Performance Framework for 2011-12
  - The East of England SHA as part of its Provider Management Regime for 2011-12

Indicators used by Monitor as part of its Compliance Framework for Foundation Trusts for 2011-12 are also included. There is overlap in the indicators used by the different organisations; this is indicated at the left hand side of the chart.

3. The targets have been sub-divided between national and local and also traffic-lighted to show clearly how the Trust is performing overall. In addition comments have been appended where performance is not regarded as satisfactory.
4. The Trust continues to perform well in terms of Infection Control, most of the A and E Indicators and the 18 week treatment targets.
5. The areas that are less satisfactory are the A and E time to treatment and the 2 week and 62 day cancer targets. In respect of A and E the performance is improving and is believed to have been achieved overall by the year end. The performance against the Cancer 62 day target whilst poor in percentage terms represents only one or two patients some of whom choose to wait longer but are still recorded as a

breach. However, the performance to date would suggest an under-achievement for the year as a whole. Additional clinic slots have been made available for urgent referrals with breast symptoms and the Trust is confident that the current under-achievement will be reversed for the year as a whole.

6. The target for VTE assessment of admissions is reported as under-achieving both for the year to date and for the year as a whole. However, in reviewing the position nationally at the end of August (latest figures available), the Trust is in the top 25%. Also when comparing with the 29 Trusts that NHS Hertfordshire commission acute services from, the Trust is 5<sup>th</sup> best performer.
7. The Trust continues to perform well in not having any single sex accommodation breaches since May. However, because the target is nil for the year, it has been assessed as under-achieving.
8. The area that continues to prove difficult to resolve is emergency admissions within 30 days of a discharge. Where the original admission was for an elective procedure, the clinician is sent details of this for comment. In some instances the re-admission will be at another hospital and therefore unknown to the clinician. Where the original admission was an emergency, there is a requirement to reduce the number of re-admissions by 25% from the previous year. This is a blanket deflation not linked to specific patients and makes it difficult to pin down why such readmissions are occurring and how to reduce them. The Trust has a notional target of no more than 173 per month but currently there has been no reduction on last year's level. The required reduction is a problem for most acute Trusts. The Trust is therefore predicting a fail against this target. Further information is provided on Page 6 of Attachment 2
9. There is a local target for delayed transfers of care (DTCs) of  $\leq 3.5\%$ . However, the Trust is at 4.2% for October and 4.3% for the year to date, reflecting the limitations that exist within local NHS and social care systems. The numbers quoted in Attachment 1 refer to formally agreed DTCs only. At any one time there continue to be substantial numbers of further patients who the Trust judge not to need acute care, but who remain in our beds waiting for transfer to a more appropriate setting.
10. The Trust continues to struggle to send discharge summaries within 24 hours electronically to GP Practices. Whilst not all practices have agreed to receive summaries in this way the Trust is so far away from the target of 95% it is unlikely to recover the position by the end of the year. In many instances the discharges have been sent electronically but not within the 254 hour time frame. The reasons for this are under investigation.

## **NHS East of England Governance Rating**

11. As in previous years the Trust Board is expected to 'sign off' each months self assessment. The draft self assessment report for October 2011 is attached (Attachment 2) for discussion and approval.
12. The self assessment for October is 'green-amber.' One patient referred urgently from screening programmes did not commence treatment within the 62-day maximum wait time resulting in a shortfall against the overall target level (59% achieved against target of 90%).

## **NHS Performance Framework**

13. Self assessment for the month of October gives a score of 'performing' or green against the integrated Performance Measures used in the DoH Framework. However, the overall performance of the Trust is moderated by the outcome of the most recent national Inpatient Survey, which continues to be that undertaken in autumn 2010 on patients treated in August 2010. The Trust's performance in this survey means that the overall performance assessment under the Framework cannot be above 'performance under review', or amber.

## **Balanced Scorecard**

14. Attachment 3 shows a range of high level indicators covering various aspects of the Trust's services. Where possible comparisons are drawn with other similar NHS trusts, or with trends over time.
15. Included on Page 6 is the detail concerning emergency re-admissions as set out in Paragraph 8.

## **Contract Performance**

16. Attachment 1 shows headline activity variations against plan. Levels of activity in the year to date are above plan for elective and non-elective admissions. A&E attendances and new outpatient attendances continue to exceed planned levels, although how much of this might reflect a phasing issue within the PCTs activity profile for the year, or a real underlying overperformance, is not yet clear. It should be noted that the activity plan for NHS Hertfordshire was significantly deflated in reflect expected reductions in referrals and therefore activity and this has not happened to the level the PCT forecast.

17. A comparison with activity levels in the same period last year shows a higher level of elective admissions (+3.4%) but lower levels of emergency admissions (-7.6%) and OP attendances (-10.4% new attendances and -2.8% follow up attendances.) These figures suggest that the activity reductions planned by the PCT have occurred to some degree but not to the extent envisaged.
18. Levels of elective referrals from local GPs continue to show signs of reducing in some specialties compared with the same period last year. Overall there has been a 7% reduction for the 6 months to September comparing this year with last. However, NHS Hertfordshire had commissioned activity on the basis of a expected referrals being a further 8% lower than they currently are.

## **Conclusion**

19. Performance against almost all targets has continued satisfactory during October.
20. Activity levels undertaken within the month continue above planned levels, although showing some reductions compared to the same period during 2010-11.

Jan Filochowski  
Chief Executive  
November 2011