
Trust Board meeting in public 29th September 2011

Performance Summary to August 2011

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

Report by: Jan Filochowski, Chief Executive

Purpose

1. This report is intended to brief Trust Board members on issues arising from performance against a range of indicators during the first five months of the year commencing April 2011.

Key performance indicators

2. Attachment 1 summarises the key indicators against which the Trust will be judged in 2010-11 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. Performance against MRSA bacteraemia and clostridium difficile targets remains satisfactory, with no reportable bacteraemias and 7 reportable c difficile infections in the year to date (1 c difficile case during August.)
4. The Trust continues to perform close to the 100% targets for MRSA screening of emergency and elective patients at 93.2% and 99.3% respectively for the month of June.
5. Performance against the 4 hour A&E target remains above the target level of 95% (95.9% year to date.) Performance during the month of August was improved at 97.5%, reflecting slight reductions in patient numbers, but more significant impact as a result of changes to out of hours staffing arrangements introduced during the month.

6. In December 2010 the Department of Health published a new more detailed set of indicators in respect of A&E services. It had been planned that these would be incorporated into the Monitor and DoH performance management regimes for trusts with effect from July 2011, but Monitor has now delayed this change, and is continuing to assess foundation trusts using the 4 hour wait target. The SHA acute trust performance management regime is expected to follow the same approach. It is however expected that the new measures will eventually be adopted by both organisations later in the year. Provisional figures for Trust performance against these indicators are given in Attachment 1, and a more detailed briefing on the nature of the indicators and the Trust's response is given elsewhere on this agenda.
7. Performance in respect of cancer waiting time targets was improved for the month, with all targets being achieved. Work is in hand to further increase the range of choice of appointment dates that can be offered to patients in order to further reduce risk of breaches caused by patient choice.
8. The level of delayed transfers of care (DTCs) continues to run above target level (4.4% year to date and 4.8% in August against $\leq 3.5\%$), 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 are judged not to need acute care, but who remain in our beds waiting for transfer to a more appropriate setting.
9. There were no single sex accommodation breaches in the month.

NHS East of England Governance Rating

10. As in previous years the Trust Board is expected to 'sign off' each month's self assessment. The draft self assessment report for August 2011 is attached (Attachment 2) for discussion and approval.
11. The self assessment for August is 'green-amber.' Two patients 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 (50% achieved against target of 90%).

NHS Performance Framework

12. Self assessment for the month of August 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

13. 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 trusts, or trends over time are shown.

Acute Trust Quality Dashboard

14. The 'Acute Trust Quality Dashboard' has been developed by the SHA cluster to inform SHA and DoH consideration of the quality aspects of trusts performance, in particular in the context of the FT application process. The dashboard will be published quarterly. The first publication released in August is attached as attachment 4.
15. The dashboard assesses quality across the 5 domains used in the NHS Outcomes Framework:
- Preventing people dying prematurely
 - Enhancing quality of life for people with long-term conditions
 - Helping people to recover from episodes of ill health or following injury
 - Ensuring that people have a positive experience of care
 - Treating and caring for people in a safe environment and protect them from avoidable harm
 - A sixth domain of 'organisational context' has been added
16. Performance is mainly based on 2010-11 quarter 3, although some areas such as patient experience measures refer back to surveys undertaken in previous years.
17. The Trust's performance is shown as substantially satisfactory.

Contract Performance

18. Attachment 1 shows headline activity variations against plan. Levels of activity in the year to date remain above plan for elective admissions, and very close to plan for non elective admissions. A&E attendances and new outpatient attendances continue to exceed planned levels, although the extent to which this reflects a phasing issue within the PCTs activity profile for the year, or a real underlying overperformance, is not yet clear.

19. A comparison with activity levels in the same period last year shows a higher level of elective admissions (+3.9%) but lower levels of emergency admissions (-9%) and lower levels of OP attendances (-11% new attendances.) These figures suggest that the activity reductions planned by the PCT have occurred to some degree but not to the extent envisaged.
20. Levels of elective referrals from local GPs continue to show signs of reducing in some specialties compared with the same period last year, but the position remains very variable from specialty to specialty and from month to month.

Conclusion

21. Performance against almost all targets has continued satisfactory during August.
22. 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
September 2011