

---

Trust Board meeting 29<sup>th</sup> March 2012

**Performance Summary to February 2012**

**Purpose of the Report:** To inform the Board on performance in relation to key indicators

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

---

**Purpose**

1. This report is intended to inform Trust Board members on issues arising from performance against a range of indicators during the period April 2011 to February 2012.

**Key performance indicators**

2. Attachment 1 summarises the key indicators against which the Trust will be judged by:
  - The Department of Health in their application of the NHS Performance Framework for 2011-12;
  - The NHS East of England Strategic Health Authority 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 regulatory organisations; this is indicated at the left hand side of the chart. The targets have been sub-divided between national and local and also traffic-lighted.

3. Overall the Trust continues to perform very well. The unprecedented emergency patient activity pressures in January have continued into February. Despite this, the Trust has maintained its performance against the 95% 4 hour wait A & E target and expects to meet this target for the year-end.

The Trust has achieved the admitted 18 week referral to treatment target of 90% for all months up to January 2012. In February we attained an overall performance level of 89%. Orthopaedics, Gynaecology, ENT and Ophthalmology all fell below the 90% monthly target. Exceptional performance in other specialities means that the Trust is confident that we will achieve the end of year overall target.

The Trust has consistently exceeded our non-admitted patient 18 week to referral to treatment target of 95% during the year, with Orthopaedics and Pain not achieving the February's monthly target. Once again, we will achieve this Trust wide end of year target.

4. The Trust continues to perform well in terms of Infection Control. MRSA and C.Diff remain at record low levels, but we have seen 3 new cases of C.Diff in February against a monthly target externally set for the Trust of 2. However, this will not jeopardise our end of year target achievement. Our overall performance in the 24 hour target to screen for MRSA in AAU and A&E has been in the high 90s percentile during the year, although we have seen in January and February a drop in the performance where patients can be turned round and discharged in a matter of a couple of hours (and so may not be screened). All Cancer targets were met in the month other than that for treatment within 62 days for screening patients where one of the five patients treated in the month had requested a two month delay.
5. The Trust continues to be a high achiever compared to other Trusts across the region with the A&E 4 hour target. A&E unplanned patient re-attendance rate is a secondary performance target introduced in 2011, but is not used for external monitoring purposes. The Trust achieved 6.6% in February against the secondary national target of 5% with a direct correlation to the significant rise in patient numbers attending A&E. Work continues to develop better signposting to other primary care and community services, including the appointment of nurse 'care navigators', and thereby reduce the re-attendances (i.e. in the 90s rather than 100%).
6. The aspirational targets for Venous Thrombo-Embolism (VTE) assessment and MRSA screening of admissions are reported as under-achieving both for the year to date and for the year as a whole. However, this is not a cause for concern with marginal under-performance, and overall the Trust is performing well nationally. Further work is under way to ensure that in A & E and AAU the very short-stay patients of less than 4 hours are screened, these being the principal cause of the under-performance.
7. The Trust continues to perform well in not having any single sex accommodation breaches since May 2011. However, because the target is nil for the year, it has to be assessed as under-achieving due to in-year breaches.
8. Achieving the target of avoiding emergency re-admissions within 30 days of a discharge is a challenge. Our threshold is nil in principle for this target as the Trust pays for the cost of the readmission if deemed avoidable, where the original admission was for an elective procedure. In some instances the re-admission will be at another hospital and therefore unknown to the clinician requested to review such cases. Where the original admission was an emergency, there is a national

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 readmissions 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. However, it should be noted that the Trust has one of the lowest readmission rates in the country. Further information is provided on Page 6 of Attachment 2.

9. A short-term project group led jointly by the Trust's director of nursing and NHS Hertfordshire has reviewed readmissions focussing on those patients who had multiple admissions during the first six months (55 patients having between them 204 admissions). This has involved both a GP and a clinician reviewing the case notes to determine if each admission was justified and whether an alternative care pathway was possible. Patient records have been reviewed in detail and the view of both the GP and clinician was that there was no failure in the Trust that could have mitigated the readmission and therefore no obvious recommendations could be made for changes in practice. This review will be used to negotiate a more reasonable indicator for our 12/13 contract.
10. The Trust continues to fail to achieve our target to send 95% of discharge summaries within 24 hours electronically to General Practices. The PCT and the Trust continue to work together to overcome this problem with new IT solutions in the pipeline. In many instances the discharge summaries have been sent electronically, but not within the 24 hour time frame. This appears to be due to time constraints of junior doctors and unavailability of terminals when required. A working party has been set up with clinical membership and one of its first recommendations is that the junior doctors on night shift should be completing discharge summaries as required and nurses have been tasked with ensuring this happens with immediate effect.

### **NHS East of England Governance Rating (Attachment 2)**

11. The Trust Board is expected to endorse each month's governance self assessment. For February 2012 the rating has changed to amber/red from amber/green due to the C. Diff and 62 day cancer screening monthly performance issues set out in paragraph 4.

## **NHS Performance Framework**

12. Self assessment for the month of February 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 national Inpatient Survey undertaken 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. Results of the survey published in 2012 show a clear improvement. The Trust was set a challenging target for an improvement of this indicator as part of the Commissioning for Quality & Innovation (CQUIN) elements of the 2011-12 Contract. It is encouraging to report that the Trust has achieved 83% of the funding available against this target compared with nil in the previous year.

## **Balanced Scorecard (Attachment 3)**

13. The Scorecard 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.
14. We have achieved our year end performance target for 90% completed staff appraisals one month early. However, consultant appraisals are at 88% and will require ongoing work until the end of March to achieve our target.

## **Contract Performance**

15. Attachment 1 details headline activity variations against plan. Levels of activity in the year to date are above plan for all groups of activity. As previously reported the activity plan for NHS Hertfordshire was significantly deflated to reflect expected reductions in referrals and therefore activity but this has not happened to the level the PCT forecast. Currently referrals are 7% more than Hertfordshire PCT had planned for and this in turn drives over-performance. The reduction in referrals when compared with the previous year is now only some 2% down, whereas in the period April to June 2011 they were 10% down on the same period the previous year.
16. A comparison with activity levels for the same period last year shows a higher level of elective admissions (+1.4%). The apparent reduction in chargeable non-elective admissions, compared to last year, is due to 1,577 re-admissions that no longer attract a tariff. Having adjusted for this there is a net increase of 908 spells. New chargeable outpatient attendances have reduced by 4,175 urgent eye clinic attendances that are now treated as A&E attendances, which have consequently risen by a similar amount. Over and above this activity transfer, new

outpatient attendances have fallen by 4.2% mirroring the reduction in outpatient referrals since April 2011. The reduction in follow up attendances is only 2.7% due to the Trust being left with the more complex referrals requiring a greater degree of follow up than was the situation last year.

## **Conclusion**

17. Performance against the majority of Trust targets has continued to be satisfactory during February. Patient activity levels undertaken within the month remain above planned levels.

**Jan Filochowski**  
**Chief Executive**

**March 2012**