West Hertfordshire Hospitals NHS
NHS Trust

Trust Board – 31 May 2012

Performance Summary to the end of April 2012

Purpose

1. This report is intended to inform Trust Board members on issues arising from performance against a range of indicators for the month of April 2012. It contains the most up to date validated data together with the full year end position for 2011-12.

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 2012-13;
    - The NHS East of England Strategic Health Authority as part of its Provider Management Regime for 2012-13.

    Indicators used by Monitor as part of its Compliance Framework for Foundation Trusts for 2012-13 are also included. There is overlap in the indicators used by the different regulatory organisations and 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 that began in December 2011 have continued through to April. Despite this, the Trust has maintained its performance against the 95% 4 hour wait A & E target and for the month of April recorded an excellent 97.1%. It has become apparent that the main driver for the activity increases has been the changes to service provision at East and North Herts Trust relating to the QE2 Hospital at Welwyn Garden City. NHS Hertfordshire has recognised this change and is re-calibrating contracts to reflect the revised patient flows.

    Due to the emergency pressures described above the Trust has struggled to achieve the 18 week referral to admitted treatment target of 90% since December 2011. Whilst the Trust achieved the overall 2011-12 target it did not achieve this in every specialty. In April the Trust achieved 88.6% against a national target of 90%. In order to get back on track, additional weekend lists have been run through April and into May with some patients being offered treatment in the private sector. It is envisaged that the target of 90% should be achieved in all specialties by the end of June.

The Trust has consistently exceeded the non-admitted patient 18 week referral to treatment target of 95% during 2011-12, achieving an outturn of 98.2%. The figure for April was 99%, a further improvement on the March figure of 98.3%.

4. There are aspirational targets of 100% for Venous Thrombo-Embolism (VTE) assessment and MRSA screening of admissions. These are reported as under-achieving for the month. Our overall performance against these targets was in the high 90s percentile until December 2011. Since that time performance has dropped to the lower 90s percentile due to patients being turned round and discharged in a matter of a couple of hours (and so may not be screened). Whilst the target remains unchanged at 100% this trend continued into April with 93.1% having been screened for MRSA and 94.7% for VTE. However, 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.

5. The Trust has been given targets for Infection Control of no more than 33 C-Diff and 2 MRSA hospital acquired infections for the year. This compares with 33 cases of C-Diff and 1 of MRSA for the 2011-12 year. In April one C-Diff case has been reported. All Cancer targets were met in the month other than that for treatment within 14 days for those with breast symptoms, which was only just missed. A detailed review of each patient is being undertaken.

6. As described above the emergency pressures at Watford have made it difficult to admit higher risk elective patients. The expectation is that patients who are cancelled should be re-booked within 28 days. The target is that no more than 5% of cancelled patients exceed the 28 day window. However, for 2011-12 the outturn was 9.2% and the trend worsened in April to 12.5%. The admissions staff work with the clinicians on a daily basis to manage bed availability to try improve to improve performance against this metric.

7. The issue of delayed discharges continues to cause problems for the Trust. The target is that these should be no more than 3.5% of admitted patients, the outturn for 2011-12 was 4.7% but this did not reflect the pressures since December 2011. For April it was 5.2%. Work is on-going across the Health Economy to seek a means of reducing this figure.

8. Achieving the target of avoiding emergency re-admissions within 30 days of a discharge has been a challenge. 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. During 2011-12 the National Contract required that where the original admission was an emergency, there should be a reduction of 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.

For 2012-13 the DH changed the basis of the calculation, requiring local negotiation to determine what the reduction should be. As part of the Contract finalisation for 2012-13 an interim level of 12.5% was agreed with NHS Hertfordshire. The Trust is working with the PCT to finalise the figure that will be applied to all re-admissions. This will entail a review of a sample of re-admissions by a multi-disciplinary group chaired by a clinician from outside of the Trust but with Trust clinicians as part of the reviewing team. This review is due to be completed by the end of June and a threshold will then be applied. As reported previously it should be noted that the Trust has one of the lowest readmission rates in the country. Also, our joint audit with the PCT and GP's in November showed only a small proportion of readmissions were avoidable or due to failings in the original treatment. Further information is provided on Page 6 of Attachment 2.

9. The Trust has failed to achieve the target to send 95% of discharge summaries within 24 hours electronically to General Practices. 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 access to PC terminals when required. This is being prioritised to improve performance because this year the PCT will be applying financial penalties for late or non-receipt of both discharge and clinic letters.

10. Attachment 1 shows the net promoter score, (would you recommend this hospital to your friends/family?), as taken from the NHS Choices Website All three sites have shown an improvement. For 2012-13 this will be derived from patient surveys at first monthly and then weekly as part of the CQUIN targets but this information is not yet collated.

NHS East of England Governance Rating (Attachment 2)

11. The Trust Board is expected to endorse each month's governance self assessment. For April 2012 the rating is green from green/amber the previous month.

Balanced Scorecard (Attachment 3)

12. 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.

Contract Performance

13. Attachment 1 details headline activity variations against plan. The Trust achieved a reasonable base Contract Value from NHS Hertfordshire although it was about £2m less than the Trust proposed. The gap is mainly due to the PCT not reflecting the full impact of changes to patient flows as outlined above and not purchasing the 2011-12 outturn activity. The PCT is re-calibrating its contract levels between this Trust and East and North Herts Trust which should result

in the £2m gap being reduced because the additional emergency activity due to changes in patient flows will attract funding at 100% rather than 30%. The Contract was signed in accordance with DH timetables.

14. The Trust has agreements with 7 other commissioners who are treated as associates to the NHS Hertfordshire Contract. All but two (Barnet and Luton) have agreed activity levels and indicative values for 2012-13 at or near the Trust's suggested level. These two commissioners are not regarded as presenting a financial risk at this time and are being measured against the activity proposed by the Trust.

15. For the month of April admitted activity and A&E attendances are above plan. Outpatient activity is slightly down on planned levels but this is not regarded as significant at this time. The number of patients waiting for a first outpatient attendance or an elective admission has risen slightly from March. However, this can be explained by the Easter break and also emergency pressures on the Watford site impacting on our ability to bring in more complex elective patients requiring surgery at Watford.

Patient Environment Action Team

16. The Trust has now received its PEAT scores for 2011-12, although these will not be published nationally until some time in July. The scores are across 3 domains being Environment, Food and Privacy and Dignity. The maximum score for each heading is 5. I am pleased to report that for Environment all three sites scored 4 equating to "good". For Food all three scored 5 being excellent. For Privacy etc St Albans and Hemel scored 4 each i.e. good but Watford only managed 3, a rating of acceptable. From April 2013 the existing PEAT regime will be replaced by a Patient-Led inspection process details of which are awaited.

Conclusion

17. Performance against the majority of Trust targets has continued to be good during April despite the continued pressure of very high numbers of emergency admissions and A & E attendances. This has resulted in under-performance in some key indicators.

Jan Filochowski
Chief Executive

May 2012