

Report From: Director of Operations
To: Trust Board, 2nd December 2004
Subject: Performance report April to October 2004
Action: To Note

Executive Summary

The attached report details the Trust's performance as measured against the 2003/04 star ratings criteria.

The main points to note are as follows:

- There has been a significant improvement in performance across a wide range of indicators
- Using a combination of this year's key targets, and the 2003/04 balanced scorecard indicators, the Trust should be on target for either a one or two star rating for 2004/05.

Board members are asked to note and comment upon this report.

Nigel Coomber
Director of Operations

24th November 2004

PERFORMANCE REPORT APRIL TO OCTOBER 2004

1. Introduction

The performance of all NHS Trusts is now measured annually by the Healthcare Commission. The Commission utilise a range of indicators to arrive at an overall performance rating (also known as star rating) which is published in July of each year. The West Hertfordshire Hospitals NHS Trust's current rating is zero stars.

Appended to this report is a spreadsheet which compares current performance in this financial year against last year's star ratings indicators. From this a projection of the likely star rating for the Trust for 2004/05 has been derived. This paper describes the main features of the Trust's performance for the year to date, and highlights the areas that require particular attention for the remainder of the year.

2. The performance rating system

The NHS performance ratings are broadly split into two sections: key targets, and the balanced scorecard.

- (a) Key targets: these essentially comprise a small number (9) of "must do" targets for the NHS. Trusts which either fail, or significantly fail, to achieve any of these indicators, accumulate "penalty points" which contribute towards their star rating.
- (b) The balanced scorecard: this comprises a broader range of performance indicators split into 3 categories. These are capacity and capability focus, clinical focus and patient focus. Each Trust's performance for these focus areas is defined as being in the top, middle or the bottom band of performance. For each focus area where a Trust is assessed as being in the middle or top band of performance, points are accumulated towards the overall star rating.

This scoring system is summarised in the table that appears at the very end of annexe 1. This shows, for example, that a Trust which accumulated between 3 and 6 penalty points against the key targets, but which scores 4 additional points on the balanced scorecard, will achieve a 2 star rating.

Applying this rating system to the Trust's current performance, we have attempted to derive the likely star ratings for the Trust for the year 2004/05. It must be noted, however, that as yet we have not received final confirmation of the range of balanced scorecard indicators that the Commission will use this year. Similarly, we will not know precisely what the thresholds will be for performance against each target until the ratings are published next July. For the purposes of this report we have, therefore, used the range of indicators and the performance thresholds used to assess last year's star ratings. By so doing, we can clearly demonstrate the progress made since last year within the West Hertfordshire Hospitals NHS Trust.

3. Overview of Performance to date

From annexe 1 of this report it can be seen that the Trust performance has improved in a number of areas over the past 12 months. Equally, there are other areas where either performance has not changed or where further improvement is still required.

- (a) Key targets: this is the single most important part of the star rating. Last year the Trust achieved just four of the key targets, under-achieved on four and significantly under-achieved one. This year we are on track to achieve seven or eight, under-achieve none or one, and significantly under-achieve one.

The difference in outcome between our current realistic and optimistic projections cannot be overstated. Put simply, if the Trust under-achieves against the A & E waiting time target, the **maximum** rating will be one star, if this target is achieved the **minimum** rating will be one star.

- (b) Capacity and capability focus indicators: performance across this range of indicators has improved significantly from 2003/04. There is still a need to ensure that we achieve the best possible performance in terms of Consultant Appraisal, and Junior Doctors hours. Annexe 1 also underlines the importance of the Staff Opinion Survey, and the influence that the views of our staff can have on the overall performance rating of the organisation.
- (c) Clinical focus indicators: again performance has improved significantly. As long as performance is maintained at current levels, the Trust should be rated in the top banding against this range of indicators.
- (d) Patient focus indicators: this is the focus area that requires more attention over the coming months. Particular effort is being focussed on the Cancer waiting times standard and cancelled operations. It is also worth noting that the percentage of delayed transfers of care is still high, and this matter is being addressed with colleagues from PCTs and Adult Care Services.

4. Action required

While performance across all indicators will continue to be monitored for the rest of the year, it can be seen from the above that there are a small number of areas where specific action has either already been taken, or now needs to happen in order to improve the Trust's rating. The main points to note in this regard are as follows:

- (a) Cancer 2 week waits – further improvements to the administration of outpatient bookings for patients with suspected cancer have been made. These include daily checks on all such referrals received, introduction of Trustwide booking for each specialty concerned, and immediate escalation of any potential waits of over 2 weeks.
- (b) A & E waiting times – further changes implemented have included the introduction of Emergency Care Project Managers on each

site, the opening of Hanover Ward at Hemel Hempstead, and the introduction of ward based medical teams. Performance against this standard has improved to 97% as at mid November.

- (c) Junior doctors hours – a full review of rotas is being undertaken, and each division is working with HR to develop proposals to ensure compliance with this standard by the year end.
- (d) Staff survey – all staff that have received a questionnaire are being encouraged to return these within the next few weeks, so that the rating can be as representative as possible of our staff's views of the organisation.

5. Conclusion

The Trust's performance, measured against the full range of star ratings indicators, has improved significantly since 2003/04. Using a combination of this year's known key targets, and last year's balanced scorecard indicators, then the Trust should at least expect a one star rating next year, and possibly a two star rating.