

# PERFORMANCE REPORT APRIL TO DECEMBER 2004

## 1. Introduction

As previously reported 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 (to December 2004) 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.

The Healthcare Commission have now confirmed the indicators that will be included within the balanced scorecard for 2004/05. Broadly speaking it is similar to last year's balanced scorecard, within the following alterations.

Indicators which have been removed:

- ❖ Consultant appraisal
- ❖ Junior doctors' hours
- ❖ Clinical Governance

- ❖ Clinical Negligence
- ❖ Infection Control
- ❖ “Winning Ways” processes
- ❖ Day Case Booking

Indicators that have changed:

- ❖ Thrombolysis

New indicators:

- ❖ Clinical risk management
- ❖ MRSA
- ❖ Rapid Access Chest Pain Clinics
- ❖ Workforce Indicator

The above changes have, therefore, been incorporated into Annexe 1 of this report. However, it is still the case that we do not have details of the thresholds that will be used to measure our performance against each of these indicators. For the new indicators, we also do not have details of how the performance will be measured, nor which category (e.g. clinical focus) they will fit into.

Despite the above limitations, we have attempted to assess the likely star rating for the Trust for the year 2004/05.

### 3. Overview of Performance to date

From annexe 1 of this report it can be seen that the Trust performance has continued to improve across a number of areas over the past 12 months. There are however 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 our realistic projection is that we will achieve seven key targets, under-achieve one, and significantly under-achieve one. The difference between our pessimistic/realistic projections, and our optimistic projection should again be stressed. Either of the former positions will result in a **maximum** rating of 1 star, whereas the latter would give the Trust a **minimum** rating of 2 star, and an opportunity to achieve 2 stars.

The two key targets that are most critical in this respect are the Cancer two-week wait, and A & E total waiting time targets. The December performance for both of these indicators showed a marked improvement, which if maintained will result in achievement of these targets by the end of the financial year.

- (b) Capacity and capability focus indicators: performance across this range of indicators has shown sustained improvement since 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, although these have been removed from the formal

star ratings process. 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. As yet we do not have these survey results.

- (c) Clinical focus indicators: this is the section of the balanced score card that has been most affected by the changes announced by the Healthcare Commission. It is difficult to know how these changes will affect our position, and there are still gaps in the information available at the time of writing this report. However, given the strong performance against a number of these indicators (Child Protection, Emergency Readmissions, Thrombolysis) it is still likely that we will score highly in this focus area.
- (d) Patient focus indicators: this is the focus area that was noted as requiring the most attention in the last Board Performance report. Since then, there have been improvements in the Breast Cancer waiting times, with the Trust achieving 100% against both indicators in November. Similarly, the number of cancelled operations reduced significantly in December and early indications are that this performance is continuing into January. More disappointingly, the percentage of complaints handled within 20 working days has deteriorated slightly (although the December figures are not yet available), and the number of delayed transfers of care remains higher than in the previous year.

#### **4. Action required**

Performance across all indicators will continue to be monitored and managed throughout this financial year, and beyond. Particular emphasis will be placed in the following areas:

- (a) Cancer two-week waits: the final changes to the administration of Cancer two-week waits were made at the end of December/beginning of January. Daily checks on all such referrals are now carried out in all specialties. No further breaches of this standard are expected, nor will any be tolerated, from 1<sup>st</sup> January onwards.
- (b) A & E waiting times: work described in the previous Board report continues. Performance did reach 98% for 2 weeks in December, but this proved difficult to sustain over the Christmas holiday period. Subsequently performance has returned to 98.5% for the week ending 16<sup>th</sup> January.
- (c) Breast Cancer waiting times: although improvements have been noted, these now need to be sustained. Similar administrative processes to those implemented for Outpatient Cancer waiting times will be put in place, and then rolled out through all cancer specialties.

## **5. Conclusion**

The Trust performance measured against the full range of star ratings indicators continues to improve since 2003/04. While it is impossible to be absolutely accurate at this stage in the year, it is still reasonable to predict that the Trust will receive a minimum of a 1 star rating, and possibly 2 stars, for the year 2004/05.

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