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**Trust Board Meeting 21<sup>st</sup> August 2008**

**Performance Report to July 2008**

To brief the board on performance to date on key targets

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

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**Purpose**

- 1 This report is intended to brief board members on performance against a range of indicators during the first four months of the financial year. These include:
  - Key performance indicators
  - Performance against national targets and standards used by the Healthcare Commission in its acute hospitals Annual Healthcheck
  - Performance against contracts for month 4 (July 2008)

**Key Performance Indicators**

1. Attachment 1 summarises key indicators against which the trust is judged. Performance remains satisfactory in most areas. Control of Infection indicators have remained ahead of the trajectories set by the Dept of Health /SHA/PCT. Delayed Transfers of Care have improved from Red to Amber following the establishment of intermediate care beds at Hemel Hempstead but continue to fall short of the national HCC 'Green' target. Work to address this continues in partnership with the PCT and I have now got agreement from the Chief Executive of the County Council to a system wide summit to discuss ways to remove blockages in the system. Cancellation of elective operations remains a major challenge. A range of actions has been taken and I am receiving daily reports on performance from the Division of Surgery.

**National Targets and Standards used by the Healthcare Commission (HCC)**

2. Validation of the information which the HCC will use to assess the trust's performance in 2007-08 has now been completed. AN outstanding query remains in respect of A&E 4 hour wait performance; a transposition error by a member of the information staff resulted in the trust's performance being 'rounded down' instead of 'rounded up'. The Department of Health have accepted the necessary correction but the HCC has as yet refused to do so. I have set out the case for making the necessary correction in a letter to the HCC chief executive and await a reply. The SHA and NHS Confederation have sent supporting letters to the HCC. The outcome will not materially affect the trust's overall assessment, although it should reflect on A&E assessment.

3. The elements for the HCC Annual Healthcheck for 2008-09 are as follows:
  - Core Standards (as for 2007-08)
  - NHS Existing Commitments (10 targets applicable to WHHT)
  - NHS National Priority Indicators (16 targets applicable to WHHT)
4. The HCC will not be publishing full details of its scoring methodology for 2008-09 until the end of this year, but it has indicated that the process for acute trusts will be comparable with previous years. At present we are using the 2007-08 methodology to assess our current performance.
5. Attachment 2 summarises WHHT's performance for the first four months of the year. Overall performance remains consistent with the trusts aim of achieving a 'good' rating for Quality of Services for the year.
6. Several new indicators have been introduced based on the results of the various national patient surveys that will be undertaken during the summer and autumn of 2008. These are all within the National Priority Indicators section of the assessment and so will not affect the trusts capacity to achieve a 'fair' rating for its quality of services, but will impact upon the achievement of a 'good' rating.

## **SLA Performance**

7. Attachment 3 reviews performance of the trusts contracts with commissioning PCTs for the first four months of the year. The overperformance against contracted levels of activity seen in previous months has continued through July although at a slightly lower level. GP referrals remain at a higher level than commissioned; services are managing this demand effectively at present.
8. Future workload trends will be influenced by both national factors (delivery of waiting time targets, introduction of Patient Choice, growing use of electronic booking) as well as local factors (development of primary and community based care services, reconfiguration of the trusts services between sites). A review of the overall implications for trust workload is being undertaken and will inform both business planning and the contracting round for the coming year which will start shortly.

Jan Filochowski  
Chief Executive  
August 2008