

Trust Board meeting 30th September 2010

Performance to August 2010

To brief the board on issues arising from performance to date on key targets

Report by: Jan Filochowski, Chief Executive

Purpose

1. This report is intended to brief board members on issues arising from performance against a range of indicators during the first five months of the year commencing April 2010.

Key Performance Indicators

2. Attachment 1 summarises key indicators against which the trust will be judged in 2010-11 by:
 - The Department of Health in their application of the NHS Performance Framework for 2010-11
 - The East of England SHA as part of its Provider Management Regime

The indicators used by Monitor as part of its 2010-11 Compliance Framework for foundation trusts are also included. There is substantial overlap in the indicators used by the different organisations; this is indicated at the left hand side of the chart.

3. Trust performance for the year 2009-10 is shown for comparison purposes.
4. Thresholds for performance are given where these are known. For some indicators assessment is against the level of performance achieved by the NHS as a whole and so an informed assessment for WHHT is more difficult.
5. The change in the national threshold for A&E waiting times from 98% to 95% means that the Trust is now regularly achieving this target. The Trust A&E service is in fact continuing to work to an internal 'aspirational' target of 98%, although continued high levels of activity are making this challenging to meet.

NHS Performance Framework

6. The NHS Performance Framework assessments for January to March 2010 and April to June 2010 have yet to be published. The use of the annual National Patient Survey result for 2009 as a moderator of overall Trust performance means that the Trust's assessment is likely to remain as 'under review' (amber).
7. Indicators for 2010-11 have now been published by the DH and are summarised in Attachment 1. An updated self assessment against these scores the Trust as 'performing' (green) in August.

NHS East of England Governance Rating

8. The SHA has now circulated indicators to be used in 2010-11. These are similar in overall focus to those recently published by Monitor as part of its Compliance Framework for Foundation Trusts. There is a strong focus on cancer services, and on CQC registration. See Attachment 1 for details.
9. Self assessment for the month of August gives a score of 2.5, which results in an overall rating of 'amber'. This apparent fall in performance since July is caused by one MRSA bacteraemia in-month, and one 'subsequent treatment' cancer patient being treated outside the 31 day target time limit (32 days instead of <31 days.) The small number of patients involved in both of these areas is likely to result in similar fluctuations in future months.

'Balanced Scorecard'

10. Attachment 2 shows a range of high level indicators covering all aspects of the Trusts work and performance. Where available, peer group performance has been given to enable the Trust's performance to be benchmarked. The quality of the data given has been assessed as 'high', 'medium' or 'low'.

Mortality Rates

11. Attachment 3 summarises the Trust's mortality profile, and is produced by the East of England SHA quarterly. Overall the Trust's latest quarter Hospital Standardised Mortality Rate (HSMR) is assessed as 'average', with a general improvement in overall HSMR. Specialty and condition specific HSMRs are all assessed as average.
12. HSMRs generated by CHKS and by Dr Foster are included in section 4 of the Balanced Scorecard. All 3 sources use slightly different methodologies and time periods for their assessment of the Trust, resulting in different scores. However, all 3 show the Trust as scoring

below (i.e. better than) the normalised average of 100, and the CHKS score shows a score significantly better than the peer group average.

SLA Performance

13. The SHA arbitrated on the outstanding issue between the PCT and Trust in respect of this year's contract in late July. The contract is now signed.
14. Appendix 1 to the Balanced Scorecard shows activity variations against plan for the first month of the year. Both elective and non-elective admissions remain above planned levels, although the associated income levels are lower than forecast due to changes in case mix. Elective activity is moving closer to plan.
15. Accident & emergency attendances and outpatient activity continue to be higher than planned levels. Year-to-date outpatient referrals and follow up appointment numbers continue to rise above plan. Referral levels from Herts GPs remain buoyant.
16. Discussions continue between GPs, trust consultants and management, and PCT staff concerning the scope for development of community based service delivery. A pilot scheme aimed at diverting simpler referrals to GP led services in gynaecology has begun and similar schemes targeting musculoskeletal services will commence in October. Other proposals are being developed. Impact upon the Trust's income and costs is likely to be small in the current financial year but may be more significant in 2011-12.

Conclusion

17. There are no major concerns in relation to the range of measures of performance that we use at this point in the year, but close monitoring continues.

Jan Filochowski
Chief Executive

September 2010