

**Trust Board Meeting in Public 31 March 2011**

**Performance to February 2011**

To brief the board on issues arising from 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 issues arising from performance against a range of indicators during the first eleven months of the year commencing April 2010.

**Key Performance Indicators (KPIs)**

2. Attachment 1 summarises KPIs 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. Performance against the A&E 4 hour wait target has improved since December 2010 but was just below target for the month of January at 94.9%. Year to date performance remains above target at 95.6%. Pressures in this area and across the Trust's acute services remain significant.
4. Year to date performance in respect of the 31 day maximum wait for cancer patients receiving second or subsequent treatment continues to improve and has now reaches a year to date position of 95.6% against a target of >96%. The number of patients concerned is small and it is very unlikely that the year end position will reach the target level, although performance for the coming year is expected to be satisfactory.
5. The KPIs include a note of any breaches of the same sex accommodation standard. This is a high profile standard, and also

poses a financial risk since the Trust may not be paid for the care of any patients who breach the target. Breaches to date have been linked to the use of the Cardiac catheter lab as overnight capacity for acute medical patients, and have largely been 'bathroom' breaches.

6. Numbers of C Difficile infections have continued to increase during February, but the Trust remains below the annual target. Following root cause analysis of one case, MRSA bacteraemia numbers have been revised downwards from the figure of 4 reported in February to 3 for the year to date.

### **NHS Performance Framework**

7. Self assessment for the month of February gives a score of 2.5 or 'performing' (green).

### **NHS East of England Governance Rating**

8. The SHA indicators used in 2010-11 are similar in overall focus to those used by Monitor as the basis 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 February gives a score of 3.0, which results in an overall rating of 'red'. This reflects the shortfall in delivery of the A&E target, a higher than target number of c diff. cases (8 against a target level of 4.6) and the MRSA screening target (98.8% of elective cases screened against a target of 100 %.)

### **'Balanced Scorecard'**

10. Attachment 2 shows a range of high level indicators covering all aspects of the Trust's 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'.

### **SHA Performance Assessment**

11. Attachment 3 shows the Trusts performance against various indicators drawn for the SHA performance assessment report for January 2011. In most instances the Trust's performance is 'ranked' against other acute trusts in the East of England. The information used is in general drawn from November 2010.

### **Contract Performance**

12. Appendix 1 shows activity variations against plan to date. Elective admissions remain above planned levels. Non-elective admissions continue slightly below plan for the year to date.

13. Accident & emergency attendances have now reduced to close to plan for the year to date. Outpatient activity continues to be higher than planned levels. Signs of reducing GP referral levels are increasing, but the 'conversion rate' (the proportion of OP referrals that require admission for investigation or treatment) is also rising, suggesting that the referrals that are not taking place are predominantly not cases requiring ongoing investigation or treatment.
14. Pilot schemes aimed at diverting simpler referrals to community based services in gynaecology and in musculoskeletal services commenced in September / October and are now well established. Both services are supported by Trust senior clinical staff. Referrals to gynaecology services in the Trust are reducing as a result. PCT plans to restrict elective surgery for patients with a high BMI (Body Mass Index) and for patients who smoke from April are expected to have a more pronounced impact on elective surgery levels next year.

### **Built Environment KPIs**

15. These KPIs are published to enable Directors and Managers of the NHS Estate and their NHS finance colleagues to make an informed judgement about how efficient and effective their estate and facilities are in supporting patient care.
16. To successfully manage the NHS estate, information is needed to identify areas of good practice and where improvements are needed. These Built Environment Key Performance Indicators (KPIs) are published to assist NHS managers in this work, and to allow NHS organisations to consider the efficiency and effectiveness of their estate and facilities against their peers.
17. These KPIs can be used in a variety of ways:
  - To support internal NHS organisation planning and decision making, especially in terms of the financial challenges the NHS currently faces;
  - As part of NHS Board level reporting and strategic planning, and;
  - To support the ongoing Quality, Innovation, Productivity and Prevention (QIPP) initiative, for instance it complements the recent report QIPP national workstream: Back office efficiency and management optimisation published by the Foundation Trust Network.
18. The KPIs allow informed judgement on the efficiency and condition of the estate. All are based on indicators that are expressed as ratios of a trust's building and land areas. A simple traffic light exercise classifies Performance Indicators into three categories:
  - Green: In the top third of Trusts

- Amber: In middle third of Trusts
- Red: In the lowest third of organisations

19. It is important to note that a Trust's position will depend on their situation. For instance, Trusts with a new estate will generally have lower Backlog Maintenance than an older estate. This needs to be carefully considered when reviewing the Performance Indicators.
20. The use of radar capacity charts using Performance Indicators demonstrates the potential for a trust to improve its asset management against similar organisations and the national average for its cluster. They also assist Trusts, Commissioners, and other interested stakeholders to compare high level performance and will provide a basis for identifying potential areas for improvement as well as role models.
21. It is important to note that while these KPIs provide information on the efficiency and effectiveness of a Trusts estate, they do not give information on areas such as the safety of the estate or the quality of the patient environment. To fully understand and assess the estate in a holistic manner, we should use the NHS Premises Assurance Model.

**WEST HERTFORDSHIRE HOSPITALS NHS TRUST - 2009/2010**

			Grouping PI (Percentile Bands)		
PI SUMMARY	Trust PI		33%	34%	33%
Space Efficiency					
Income £10/m <sup>2</sup>	242		242	243 and 284	285
Activity/100m <sup>2</sup>	92		99	100 and 110	111
Asset Value £10/m <sup>2</sup>	117		120	121 and 155	156
Occupancy Cost £/m <sup>2</sup>	207		174	175 and 206	207
Asset Productivity					
Asset Value £10/m <sup>2</sup>	117		120	121 and 155	156
Capital Charges £/m <sup>2</sup>	122		120	121 and 143	144
Total Backlog £/m <sup>2</sup>	612		90	91 and 197	198
Rent & Rates £/10m <sup>2</sup>	184		0	1 and 144	145
Asset Deployment					
Land £/m <sup>2</sup>	280		251	252 and 279	280
Building £10/m <sup>2</sup>	75		82	83 and 108	109
Equipment £/m <sup>2</sup>	146		166	167 and 199	200
Capital Charges £/m <sup>2</sup>	122		120	121 and 143	144
Estate Quality					
Asset Value £10/m <sup>2</sup>	117		120	121 and 155	156
Depreciation £/m <sup>2</sup>	71		80	81 and 92	93
Critical Backlog £/m <sup>2</sup>	133		20	21 and 47	48
Risk Adjusted Backlog £/m <sup>2</sup>	178		24	25 and 55	56
Cost of Occupancy					
Rent & Rates £/10m <sup>2</sup>	184		0	1 and 144	145
Energy/Utility £/10m <sup>2</sup>	306		210	211 and 239	240
Maintenance Costs £/10m <sup>2</sup>	356		214	215 and 299	300
Capital Charges £/m <sup>2</sup>	122		120	121 and 143	144

**Groupings:**

Trust Cluster & Type: Top - Acute

Strategic Health Authority: East of England SHA

22. The summary above shows that the Trust is not using floor space efficiently (Income £10/m2, Activity/100m2, Asset Value £10/m2 are all red) because its income, activity levels and asset values are all poor. The KPIs suggest an estate which is at the end of its designed life and possibly in need of rationalisation to achieve a more modern and functionally suitable estate (Depreciation £/m2 is low). There are also strong indications that the quality of this estate is generally below acceptable standards (Total Backlog £/m2 is high).
23. Appendix 4 provides more information.

## **Conclusion**

24. Continued pressures on emergency services are reflected in the A&E performance for the month, although this has improved since January. With the exception of the cancer 'subsequent treatment' target the Trust is expected to achieve its KPIs.
25. Whilst self assessment against the DoH performance framework has improved, the position in respect of the SHA performance framework remains challenging.

Jan Filochowski  
Chief Executive

March 2011