

PERFORMANCE IMPROVEMENT PLAN 2003/04

October 2003

1. Executive Summary

This paper sets out the key areas identified by NWL Hospitals for service improvement during 2003/4. In producing this, the Trust has used a number of national and local frameworks for assessing its performance/progress. These include.

- NHS Performance Ratings 2002/03
- CHI Clinical Governance Review and Action Plan
- National Priorities and Planning Framework 2003-2006
- Brent and Harrow PCTs Local Delivery Plans
- A&E Improvement Plan
- Patient Choice Implementation Plan

In addition the Trust aims to reflect the guidance in the Modernisation Agency's Self Assessment Tool.

As a result of the review the Trust identified a key set of areas for improvement. These are grouped according to the NHS Performance Ratings. More detailed information is shown in the Risk Assessment Section. The key areas identified for improvement are.

- A&E Waiting times
- Outpatient Waiting times
- Inpatient waits - 6 months
- Financial Balance
- Data Quality (Clinical Indicators and DQI)
- Patient Survey
- Complaints Response times
- New Deal

2002/03 Performance (2 Stars)

The Table below shows the significant progress the Trust has made in its overall performance against both key targets and balanced scorecard. The Trust has made excellent progress from the 2001/2 ratings and this reflect the commitment of all the staff within the trust in meeting national priorities. In addition to this there were major steps taken in a number of key strategic developments. For example the commence of work on the new Central Middlesex Hospital (BECaD), transfer of obstetrics to Northwick Park as part of the maternity reconfiguration, roll out of the trust wide PAS system and near completion of the pathology service integration.

Acute trusts: allocation of provisional rating

Key targets	Balanced scorecard						
	BS=0	BS=1	BS=2	BS=3	BS=4	BS=5	BS=6
Fail: penalty points greater than 12	0 star	0 star	0 star	0 star	0 star	0 star	0 star
Poor: penalty points between 7 and 12 inclusive	1 star	1 star ↑ NWLH 2002	1 star	1 star	1 star	1 star	1 star
Marginal fail: between 3 and 6 points inclusive	1 star	1 star	1 star	1 star	2 star	2 star	2 star
Pass: no more than 2 points	1 star	2 star	2 star	2 star ↑ NWLH 2003	2 star	3 star	3 star

.For 2002/3 The Trust achieved all 9 key targets set for 2002/03. Within the balanced scorecard it scored top, middle and bottom for the clinical, capacity/capability and patient focus areas. The need to meet and sustain all targets is shown in the next section.

2. Risk Assessment and Key areas for action

The Trust assessed risk against all key and balanced scorecard indicators plus all Planning and Priorities guidance. These were placed in one of 4 groups.

1. Low Risk - i.e. plans and projected performance deliverable
2. Those where the 02/03 target was achieved but needs action to sustain / improve
3. Those where performance was below average but remedial action already taken
4. Those where performance was scored poorly and immediate action required.

Key Targets

Inpatient Waits	1
Outpatient Waits	2
4hr A&E Waits / Trolley waits	2
Cancelled Operations (not readmitted)	1
2 Week Cancer Waits	1
Improving Working Lives	1
Hospital Cleanliness	1
Financial Balance	2

Clinical Focus

Clinical Negligence	3
Clinical Indicators	4
Infection Control	1
MRSA Improvement	1

Patient Focus

Breast cancer 31 / 62 day	2
Hospital food	1
Cancelled Operations	1
Booking (IP,DC,OP)	2
Outpatient 13 week waits	3
Paediatric DNA	1
Privacy & Dignity (mixed sex wards)	1
Total inpatient waits	1
6 month inpatient waits	3
Rapid Access Chest Pain	1
Patient Survey	4
Complaints	4
4-12hr Trolley waits	2

Capacity and Capability

Data Quality	4
Sickness/Absence	1
Staff Opinion Survey	1
Consultant Appraisal	1

Junior Doctors (New Deal)	4
Backlog Maintenance	3
Information Governance	3

The Trust then prioritised a selection of indicators that will have the maximum impact on its Performance Ratings. These are described below and with the associated action in the improvement table.

- A&E Waiting times

Despite a significant improvement during 2002/3 the Trust has not been able to maintain the 90% target for 4 hr waits in the first half of 2003/4. An A&E improvement plan has been developed to ensure that the Trust raises performance in this area.

- Outpatient Waiting times

The Trust undertakes approximately 80,000 new outpatient appointments per year. It has planned capacity to meet the 17 week target and is seeking to improve its performance for patients waiting 0-13 weeks.

- Inpatient waits - 6 months

The Trust is confident it will meet the 9 month target. It also plans to maximise use of Patient Choice / Treatment Centres (incl. ACAD) to enable a greater proportion of 0 - 6 month waiters to be treated.

- Financial Balance

The Trust is under considerable financial pressure and a recovery plan has been developed.

- Data Quality (Clinical Indicators and DQI)

The Trust has seen good improvements in its data quality. Its DQI score was 91% for 2002 against 86% for 2001. Its data though did not meet the HES data quality checks for the key clinical indicators. This had been recognised and a significant improvement in clinical coding was achieved however HES would not allow a resubmission of Q4 01/02 data. The Trust continues to work on its data quality action plan and is confident that improvements made will allow the clinical indicators to be published. We will work with both local PCTs in assessing data quality to ensure both trust and PCT indicators meet national data quality standards. As trusts do not have access to all the data used by HES/CHI it is acknowledged that it is difficult for trusts to mirror the same methodology used.

- Patient Survey

This is acknowledged as an area of poor performance within the ratings. An action plan has been produced to implement improvements from the 2002/3 surveys and plan for 2003/4 inpatient survey.

- Complaints Response times

This is also acknowledged as an area of poor performance. The Trust has restructured the complaints function and appointed a new management post. Performance has improved during Q2 03/04.

- New Deal

This continues to remain a problematic area given the size and range of services provided. Action plans are in place to improve compliance year on year.

A small number of indicators were scored as risk areas but were not included in the action plan directly. For example.

Cancelled Operations - The Trust has robust processes for managing the admission within 28 day target and has seen a significant improvement over the last year. Whilst the overall numbers of cancellations for the trust remain high due to emergency pressures, as a % of elective admissions this is relatively low and within the thresholds for the performance ratings.

Paediatric DNA Rate - The Trust has improved this rate from 16% published in 02/03 ratings to 13% at Sept 03 (the national average was 13%).

In parallel to the above the Trust looked at the 4 criteria highlighted in the Modernisation Agency's Self Assessment Tool - Strategic Capacity, Resources and Processes, Intelligent Information and Results. Many of the sub-criterion have been identified in the Trust's recently published 3 year development plan 'Fitness for Purpose'. In particular the document sets out 4 strategic themes, each supported by a work programme, which will deliver Fitness for Purpose. These are.

- Excellent Standards of care / service
- Delivered by a skilled and motivated workforce
- In partnership with patients, the public and primary care
- Leading innovation in service delivery

The plan covers the period 2003-2006 (copy attached).

Key Areas for Action.

Key Area	Current Performance / Issue	Action or Existing Plan	Summary of Actions/Milestones	Director Lead
<i>Key Targets</i>				
<ul style="list-style-type: none"> 4hr A&E waits & 4-12 Trolley waits 	Apr-Sept 80-85% total waits.	A&E Improvement Plan - updated as per Sept 03 (attached)	Bed reconfiguration Autumn 03, Modernisation Agency support (see and treat), Emergency Services Collaborative 90% achieved end Dec 03.	Mark Devlin
<ul style="list-style-type: none"> Inpatient Waits - 6 months 	The Trust will meet the 9 month target but aims to improve its performance in treating 0 - 6 month waiters	Maximise use of Patient Choice / Treatment Centres.	0 - 6 months comprise 83% of waiters at Sept (national average 82% 02/03 ratings). To maintain above this level.	
<ul style="list-style-type: none"> Outpatient Waiting Times 	Not currently meeting planned reduction to 17 weeks. 0-13 weeks waiters	Weekly performance monitoring. Plan to achieve 17 weeks by Dec 03. Weekly monitoring of 0-13 week waiters.	Additional capacity identified and planned Sept 03 - Jan 04. Plan additional capacity Jan - March (within resources)	Mark Devlin
<ul style="list-style-type: none"> Financial Balance 	Income/Expenditure gap	Financial Recovery Plan Health Economy Recovery Group	Identified savings.	Don Richards
<i>Clinical Focus</i>				

<ul style="list-style-type: none"> Clinical Indicators - Data Quality 	Trust CIs failed data quality filters for 02/03 ratings.(but resubmission not allowed)	Monthly Data Quality Trust Board monitoring (attached)	Improvements in Clinical Coding.	Don Richards
<i>Patient Focus</i>				
<ul style="list-style-type: none"> Patient Survey 	Significantly below average in all domains for 02/03 A&E/OPD survey.	Patient Survey Action Plan Sept 03 (attached)		Mark Devlin
<ul style="list-style-type: none"> Complaints Response Times 	35% response rate within 20 days.	Restructuring of Trust complaints function	New post appointed. Response rate 42% Q1	
<i>Capacity and Capability</i>				
<ul style="list-style-type: none"> Data Quality (DQI) 	DQI improved from 86% to 91% 02/03, but still below average, impact on CIs.	Monthly Data Quality Trust Board monitoring (attached)	Improvements in Clinical Coding.	Don Richards
<ul style="list-style-type: none"> New Deal 	02/03 compliance score of 43%, significantly below average.	New Deal Action Plan	Better compliance score.	Raj Bhamber, Director of HR / John Riordan, Med Director

3. Financial Implications

The Trust and both local PCTs are operating within an overall health economy deficit. This is compounded by affordability issues for many PCTs which has resulted in no funding identified for local and unavoidable cost pressures and a shortfall in capacity funding to deliver the Access targets. Action to achieve balance within this difficult position includes.

- £4.4m savings identified within the Trust
- Potential benefits from delivering the inpatient access targets early
- Maximising Patient Choice income
- Reduction in orthopaedic operational costs resulting from partnership working with Ravenscourt Park Hospital
- A CEO/FD Recovery group (health economy wide) established to identify joint priorities for investment and savings.

4. Health Economy Working

The Trust recognises the co-dependencies of delivering its performance agenda with that of the local PCTs. Joint work is underway at a number of levels across NWLH and Brent and Harrow PCTs. Examples of this include.

- Joint Outpatient Modernisation Steering Group
- BECaD
- LIFT
- A&E / Primary Care Out of Hours
- Patient Choice projects
- Financial Recovery Group (CEO and FDs)

5. Clinical Governance

The Trust received a favourable CHI Clinical Governance assessment in 2001. The resulting action plan was assessed as part of the 2002/3 ratings process. It successfully upgraded its single score of I (use of information) and received an overall assessment of 'Many Strengths' according to CHI's scoring. In addition the Trust has produced its first comprehensive Clinical Governance Annual Report for 2002/3 and this was viewed as a model document within the sector. During 2003/4 the Trust will build on a strong foundation and aim to improve its CHI assessment to 'Significant Strengths' in particular focusing on two key areas where improvement can be managed. These are in Audit/Effectiveness and HR.