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FOR HEALTHCARE LEADERS

HSJ

Performance Watch

Performance Watch: Chucking the basket cases on the scrapheap

By [James Illman](#)

Welcome to *HSJ*'s new Performance Watch expert briefing. Our new fortnightly newsletter will delve into the most pressing performance matters troubling system leaders and provide unrivalled insight into what they plan to do about them.

Shocking start

This newsletter will shine a light on the centre's approach to performance, and I'm starting this week with news of the treatment of the trusts struggling most with accident and emergency as we go into winter.

In a move several local leaders described as “shocking” and “outrageous”, NHS Improvement recently decided to largely withdraw support provided by the Emergency Care Improvement Programme team from the worst performing trusts – those in group four.

The bulk of ECIP resources – NHSI's main A&E support team – has instead been ploughed into the second worst group, group three. The move is a significant shift of resources: until now, the long term laggards have been the focus of [central improvement drives](#).

Local leaders believe NHSI's rationale is that it will not be possible to turn around group four trusts in the short term, but material gains on the four hour target could be made among group three.

Several senior NHS figures privately told me the move reeked of cynicism and a desire to look good in Jeremy Hunt's notorious Monday meetings – the health secretary's weekly discussions and interrogations on the state of NHS performance.

As one senior source put it: “It's shocking really. It may improve the numbers overall, but what about the patients going to [group four] trusts? They've basically given up on those they consider basket cases and thrown them on the scrap heap.”

A central source privately confirmed the shift, while NHSI's official statement says: “All trusts are different and require differing levels of support, and in some cases, trusts currently receiving support from ECIP need more than ECIP is currently providing. As such, we are working with our regional teams to deliver bespoke support to trusts where ECIP may not be enough.”

The nature of this “bespoke support” is yet to be outlined and is not clear to the trusts involved. These developments and the way they have been communicated have done nothing to mend fraying relations between national and local leaders.

The news comes on the back of the [controversial coordinated sacking of two hospital chief executives](#) in September, and [the infamous “we can do this” chanting session](#), which many people are still seething about.

NHSI has not published which trusts are in which groups. I’ve been told the bottom group comprises the “usual suspects”.

Trusts understood to be in the basement group include the likes of North Bristol, United Lincolnshire and East Kent, which have all reported performance of sub-80 per cent and seen performance deteriorate over the last two years.

The big nine-zero

National A&E chief Pauline Philip will have welcomed this month’s four hour target performance data, however.

[The NHS England data published on Thursday showed](#) the system achieved 90.1 per cent for October, a nudge up from 89.7 per cent in September and a whole percentage point better than the 89.1 per cent achieved in October 2016.

The *Next Steps for the Five Year Forward View*, published in March, pledged that the system would hit the target 90 per cent of the time by September (which it marginally missed), for most trusts to be compliant at 95 per cent by March 2018, and the whole system by the end of 2018.

The type one performance – of full A&E departments – still significantly lags overall performance, but again showed a slight uplift month on month: 84.9 per cent of patients were seen within four hours at type one A&Es in October, compared to 84.6 per cent in September and 83.7 per cent in October last year.

All feedback gratefully recieved. If you have a story or want to contact me in confidence, please email me on: james.illman@wilmingtonhealthcare.com



Innovative technology across health and social care

Concerns as mixed sex ward breaches more than double

The number of mixed sex ward breaches more than doubled over the last two years, prompting concerns from senior NHS managers about care quality and patient dignity.

Stevens: Waiting list will hit 5 million by 2021 without extra money

The elective waiting list will balloon to 5 million patients by 2021 and ambitions to improve mental health and cancer care will be jeopardised unless the NHS gets a major funding boost in line with pre-2010 increases, Simon Stevens has warned.

Trust chief warns of unsafe staffing levels across NHS

A veteran NHS chief executive and former director general of workforce at the Department of Health has warned patients could die due to unsafe staffing levels unless action is taken on a national scale.

Commissioners U-turn on controversial 12 week minimum waits

One of the NHS's largest clinical commissioning groups is set to ditch a controversial policy enforcing 12 week minimum waiting times for adults needing "non-urgent" treatment – just two months after setting out the plan.