

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

REPORT TO: Trust Board - 14th February 2011

REPORT OF: Chief Operating Officer

SUBJECT: Operational Performance

AUTHOR: Performance & Service Improvement Manager

RECOMMENDATION:

The Trust Board is asked to

NOTE:

- The Performance Report (December 2010)

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6 Environment/Estate Development

6.1 The following areas will be reported monthly

Capital Programme is delivered to CRL

Capital spend is managed within plan

6.2 The following areas will be reported quarterly

Delivery of KPIs associated with the Estate Strategy

Business Cases approved for every scheme

6.3 The following areas will be reported bi-annually

Compliance with Good Corporate Citizenship Scheme

Reducing waste arisings

Waste recycling

Key to Symbols

CQC E Existing Commitments

CQC N National Priorities

PCT Host Primary Care Trust

SHA Strategic Health Authority

L Local

M Monitor

Dr F Dr Foster Good Hospital Guide

QA Quality Account

BCBV Better Care, Better Value

NHS C NHS Constitution

CQ Cquin

1) EXECUTIVE SUMMARY

Healthcare Acquired Infections - C Diff reported cases for the month of December is at 4, well below the target of 7.5 for the month. This is against our internal target. The stretched target for C Difficile for 2011/12 will be 57 cases per annum and the new testing procedure for C Diff commenced on 1st February 2011. We continue our excellent performance in relation to MRSA Bacteraemia.

Cancer - We achieved a score of '1' for the month of December. We continue to maintain a focus on delivering against cancer targets with Divisional Manager lead specialty specific meetings 4 times per week. The National Intensive Support Unit are making a return visit to the Trust on Monday 31st January 2011 to assess changes that have been made so far and to offer further advice on achieving and maintaining our cancer targets (detailed report attached as Attachment 1)

Contract Queries - One received in December - Relating to the number of clinics that appear to be Nurse led clinics but the activity is costed as Consultant led activity. RWHT provided a response that each clinic has been discussed in detail with the clinical teams involved to identify which clinician is in overall charge of the patient care in these clinics. The Directorates have established that in all cases these are Consultant led clinics and therefore coded and charged correctly.

1.1 Foundation Trust - Compliance Framework

Performance Indicator	Threshold	Weighting	Nov-10				Dec-10				Quarter 3			
			Numerator	Denominator	Result	Weighted Score	Numerator	Denominator	Result	Weighted Score	Numerator	Denominator	Result	Weighted Score
Clostridium Difficile year on year reduction	0	1.0	6	8.8	2.8	0.0	3	8.8	5.8	0.0	17	26.4	9.4	0.0
MRSA year on year reduction (year end target)	0	1.0	0	0	0	0.0	0	0	0	0.0	0	0	0	0.0
62 day wait for first treatment from urgent GP referral to treatment - all cancers	85%	1.0	50	60	83.33%	1.0	58	68.5	84.67%	1.0	147	180	81.67%	1.0
62 day wait for first treatment from consultant screening service referral - all cancers	90%		14.5	14.5	100.00%		12.5	13.5	92.59%		37	39	94.87%	
31 day wait for second or subsequent treatment surgery	94%	1.0	36	38	94.74%	0.0	37	37	100.00%	0.0	103	105	98.10%	0.0
31 day wait for second or subsequent treatment - anti cancer drug treatments	98%		84	84	100.00%		39	39	100.00%		162	162	100.00%	
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	95%	0.5	13315	13450	99.00%	0.0	12380	12584	98.38%	0.0	37270	37710	98.83%	0.0
31 day wait from diagnosis to first treatment - all cancers	96%	0.5	175	176	99.43%	0.0	173	175	98.86%	0.0	495	499	99.20%	0.0
Two week wait from referral to date first seen - all cancers	93%	0.5	522	539	96.85%	0.0	410	421	97.39%	0.0	1419	1460	97.19%	0.0
Two week wait from referral - symptomatic breast	93%		143	143	100.00%		100	101	99.01%		385	390	98.72%	
Screening all elective in-patients for MRSA	-	0.5	7024	4703	149.35%	0.0	6228	4111	151.50%	0.0	19778	12880	153.56%	0.0
CQC Registration (without condition)	-	0.4				0.0				0.0				0.0

Total
1
Total
1
Total
1

Green <1
 Amber Green 1-1.9
 Amber Red 2.0-3.0
 Red >3

2) PATIENT SAFETY

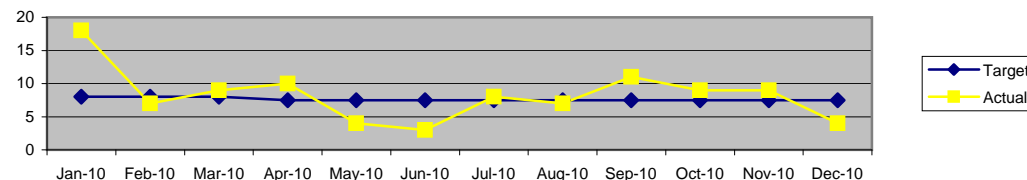
2.1 Healthcare Acquired Infections (HAIs)

Clostridium Difficile (C Diff) and Methicillin Resistant Staphylococcus Aureus (MRSA) are an important indicator of infection prevention and control. The target for C Difficile is 90 per annum for 2010/2011 which equates to 7.5 per month. In respect of MRSA Bacteraemia, the target is 4 for the year and for the purposes of monthly reporting the target will be zero.

2.1.1 Clostridium Difficile - hospital acquired for ages >2 years

CQC N PCT SHA L M

Number of C Diff Cases	Cum Plan	Cum Actual	Cum Variance	Yr end Forecast
90	67.5	65	-3	86.7

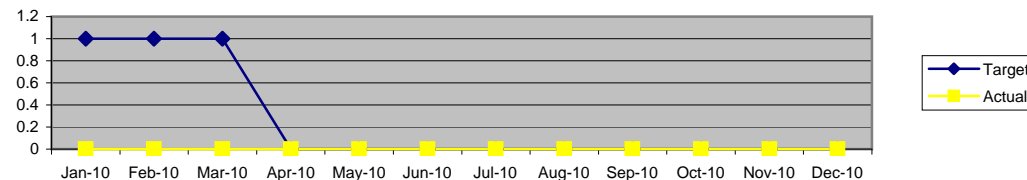


Analysis: One ward had 3 cases during the month

2.1.2 MRSA Bacteraemia

CQC N PCT SHA L M

Number of MRSA Cases	Cum Plan	Cum Actual	Cum Variance	Yr end Forecast
4	0	0	0	0



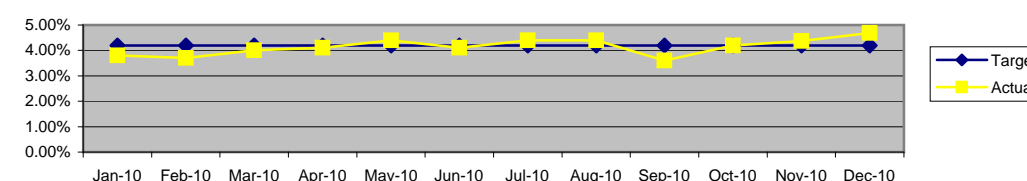
Analysis: This is the eighteenth consecutive month without an MRSA Bacteraemia

2.3 Readmissions

L BCBV

Emergency Readmissions may be as a result of less than optimal treatment in hospital, badly organised rehabilitation or inadequate support services when a person is transferred home following treatment. This indicator measures the number of patients who are readmitted to hospital, following their discharge from hospital, within 14 days as a percentage of all discharges

Target	Oct-10	Nov-10	Dec-10	Current Month Variance
4.19%	4.20%	4.37%	4.68%	-0.49%



Analysis: Percentage of emergency re-admissions within 14 days has slightly deteriorated in month from 4.37% in November to 4.68% in December, therefore, the position remains above target by 0.49%.

Actions:

3) PATIENT EXPERIENCE

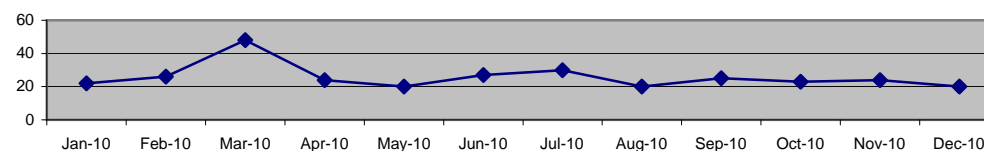
3.1 Formal complaints

L

NHS C

The following indicates the number of formal complaints received during the month. There is no target in relation to the number of complaints received as the Trust welcomes all feedback as this helps us to continually improve the services we provide. (always one month behind)

Current Month	Cum Actual	Yr End Actual	Yr End Actual
Dec-10		2009/10	2010/11
20	213	379	284



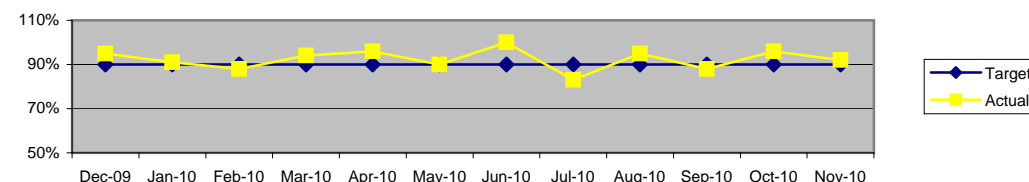
3.2 Complaints resolved within 25 days

L

NHS C

The Trust aims to provide first class responses to greater than 90% of all complaints within 25 working days. Due to the 25 day turnaround target, we will only know the outcome of complaints received between 1st & 14th of the current reported month. Therefore, data reported in the monthly report reflects the previous months position.

Target	Sep-10 Validated	Oct-10 Validated	Nov-10 Validated
90%	88%	96%	92%



Analysis: 24 complaints received in November, 16 of which were responded to within 25 working days. 3 complaints took longer than 25 days all of which had obtained consent to breach (1 EAU and 2 A&E). 3 complaints remain open and are within designated timescales as meetings have taken place (2 EAU and 1 A&E). 2 complaints (1 Renal and 1 A&E) did not have consent to breach.

3.3 PROMS (Patient Recorded Outcome Measures)

CQC

The new Standards NHS Contract for Acute Services includes a requirement to report from April 2009 on PROMs. There are 4 conditions where PROMs data will be collated, using condition specific questionnaires. These are, Primary Unilateral Hip replacement, Primary Unilateral Knee replacement, Groin Hernia Repair & Varicose Vein Procedures. As part of the CQUIN account with Wolverhampton PCT targets have been set in relation to the percentage of eligible patients completing a pre-operative questionnaire.

Procedure	Target	Nov-10	Variance	Dec-10	Variance
Varicose	81%	51%	-30%	63%	-18%
Groin Hernia	76%	78%	2%	78%	2%

Procedure	Target	Nov-10	Variance	Dec-10	Variance
Hip	72%	78%	6%	82%	10%
Knee	75%	80%	5%	82%	7%

Analysis: Hip, Knee and Groin Hernia participation rates remain above the target agreed with the PCT whilst Varicose Vein continues to be below target. There are problems around collecting data for Varicose Vein Surgery, this is mainly due to some procedures happening in outpatient clinics. This reported position is based on internal collection of data against the agreed targets with the PCT.

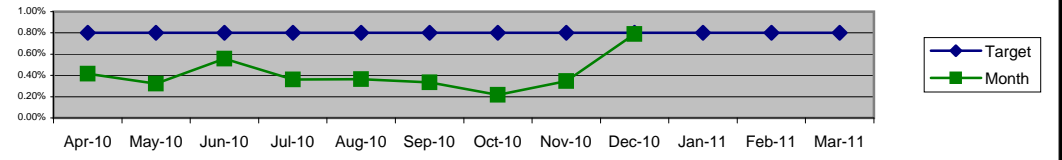
3.4 Short Notice Cancellation of Operations

CQC E

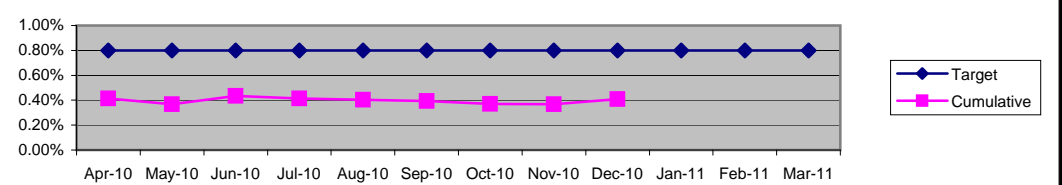
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The aim of this measure is to reduce the number of operations cancelled at short notice for non-medical reasons. Short notice is defined as "on the day of procedure or day of admission". Short notice cancellation not only leads to poor patient experience but also results in a loss of operating capacity. When a patient's operation is cancelled by the hospital at the last minute for non clinical reasons, we must offer another binding date within a maximum of the next 28 days or fund the patient's treatment at the time and hospital of the patient's choice - a potential further cost to the organisation.

Target Month	Dec-10 Actual	Nov-10 Actual	Oct-10 Actual
0.80%	0.79%	0.35%	0.22%



Cumulative	Dec-10	Nov-10	Oct-10
Cancellations	236	188	165
Elec Procedures	57381	51318	44659
Cumulative %	0.41%	0.37%	0.37%



Analysis:

	Anaes not available	Staff Sickness	Ran out of Theatre	More Urgent Case(s)	No Beds	Cons not avail or ill	No ITU/HDU Bed	Total
Urology	1		3		1		2	7
Gen Surg			2	5	3			10
Cardiac	1	12		2	2			17
Gynae			1					1
Ortho				2	3			5
Cardiology								0
H&N							1	1
Ophth						7		7
Total	2	12	6	9	9	7	3	48

Actions: 48 operations were cancelled during December, this is a deterioration from 23 in November. A root cause analysis continues to be undertaken for every cancelled operation to ensure that systems can be put in place to minimise cancellations for non-medical reasons therefore improving the patient experience. 19 cases were cancelled due to sickness, the sickness percentage absence for December overall had a sharp rise.

4) EFFICIENCY AND EFFECTIVENESS

4.1 Service Delivery

4.1.1 18 week Referral to Treatment (RTT)

CQC N

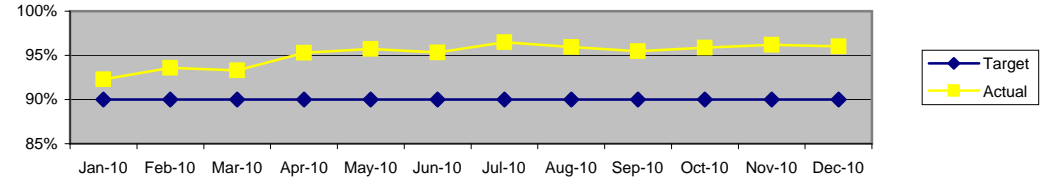
PCT

QA

In the 2009-2010 Operating Framework there is a commitment that all patients will be treated within 18 weeks with effect from 1st April 2009. This expands the 18 week RTT operating standard to cover non Consultant led services but also those services provided by Allied Health Professionals and Nurses. The only exceptions to the 18 week operating standard are in relation to patient choice and clinical complexity. By Quarter 4 (2009/2010) all specialties must achieve and maintain the 18 week standards. The NHS Constitution makes this a right for patients from 1st April 2010.

Admitted

Target	Dec-10
90%	96.01%



Analysis:-

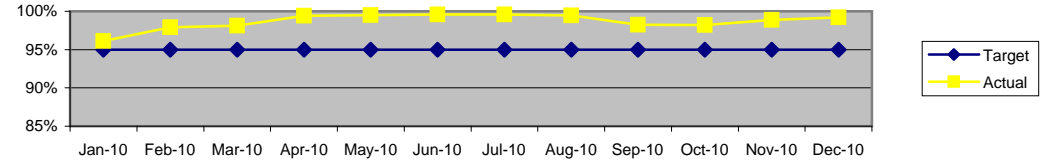
Specialty:
Specialty:

Comments

All specialties achieved the target in December

Non-Admitted

Target	Dec-10
95%	99.20%



Analysis:-

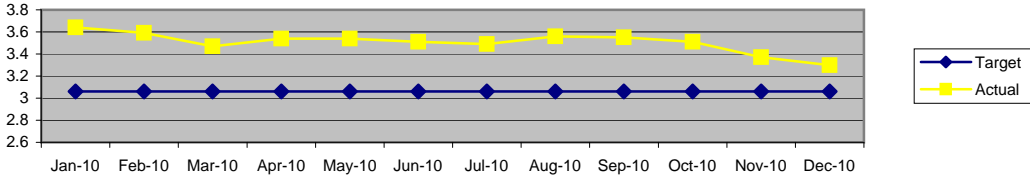
Specialty:
Specialty:

Comments

All specialties achieved the target in December

4.1.2	A&E 4 Hour Wait	CQC E	PCT	SHA	M	QA																		
98% of patients accessing emergency services (including, A&E Departments, PCT Walk-in Centre and Doctors on-call) should spend no more than four hours in the 'department' from their arrival to admission, transfer or discharge. The 2% tolerance is in place to reflect complexity of clinical condition.																								
	<table border="1"> <thead> <tr> <th></th> <th>Target</th> <th>Dec-10</th> <th>Variance</th> <th>Cumulative</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>Internal</td> <td>98%</td> <td>97.22%</td> <td>-0.78%</td> <td>98.60%</td> <td>0.60%</td> </tr> <tr> <td>Overall</td> <td>98%</td> <td>98.43%</td> <td>0.43%</td> <td>99.11%</td> <td>1.11%</td> </tr> </tbody> </table>		Target	Dec-10	Variance	Cumulative	Variance	Internal	98%	97.22%	-0.78%	98.60%	0.60%	Overall	98%	98.43%	0.43%	99.11%	1.11%					
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Overall	98%	98.43%	0.43%	99.11%	1.11%																			
Analysis: The analysis above shows RWHT internal performance and the overall health economy performance, both by latest full month and cumulatively. Although the DH threshold for A&E has been reduced to 95% in the revised Operating Framework, we continue to monitor against an internal target of 98% which indicates our commitment to ensuring patients admitted via emergency portals receive quality care as quickly as their clinical condition allows. December saw increased pressure on the demand for emergency services.																								
Actions: Winter plan activated with full participation across the Trust																								
4.1.3	Care Quality Commission - Existing Commitments & National Priorities (not already covered in report). Indicators for 2010/11 are yet to be finalised therefore reporting will continue against those indicators used in the 2009/2010 Periodic Review process.																							
		Current	Comments																					
	Access to Genito Urinary Medicine - 100% of patients will be offered an appointment within 48 hours	100%	Patients being seen within 48 hours is 87.37% - this is an improvement of 22.08% from the one reported in November (65.29%)																					
	In order to monitor the reduction of health inequalities related to ethnic diversity, it is essential that data quality on ethnic group is >= 95%	94.43%	This is a slight deterioration of 0.66% from the position reported in November of 95.09%. This target is 10% above the threshold used by the CQC in previous years																					
	Reducing delays in transfer of care will enable us to measure the impact of community-based care in facilitating timely discharge from hospital and the mechanisms in place within the hospital to facilitate timely discharge.	121	This is a deterioration from the November position of 77. Overall in December the discharges were more complex and the number of patients in step down we had to increase.																					

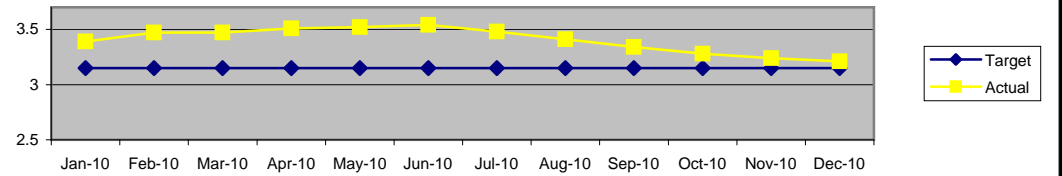
Existing Commitments & National Priorities - Continued		
No patient will wait longer than 26 weeks for in-patient care	0	
No patient will wait longer than 13 weeks for out-patient consultation	0	
No patients will wait longer than three months (13 weeks) for revascularisation	0	
2 week waiting time for Rapid Access Chest Pain Clinic	100.00%	
62 days from urgent GP referrals to first definitive cancer treatment: All Cancers (85%)	84.67%	13 breaches - 5 complex pathways, 3 patient initiated, 4 tertiary referrals received at 47 days or more, 1 capacity issue
62 day wait for first treatment from consultant screening - all cancers (90%)	92.59%	
62 days for first treatment for those patients who are upgraded with a suspicion of cancer (Shadowing Monitoring until April 11) - (85%)	92.77%	
31 day (diagnosis to Treatment) Wait for First Treatment - All Cancers (96%)	98.86%	
31 day wait for second or subsequent treatment: Anti Cancer Drug Treatment (98%)	100.00%	
31 day wait for second or subsequent treatment: Surgery (94%)	100.00%	
31 day wait for second or subsequent treatment: Radiotherapy Treatments (94%)	97.59%	
All Cancer Two week Wait (93%)	97.39%	
Two week wait for symptomatic breast patients (cancer not initially suspected) (shadow monitoring until Dec 09) - (93%)	99.01%	
Cancelled operations - patients not admitted within 28 days	0	
Infant health and inequalities (smoking and breastfeeding initiation) - identify all mothers	100.00%	

4.1.4 Pre-Op Length of Stay	L	BCBV																																															
<p>This indicator is a sum of all the bed days between date of patient admission and the date of their procedure. It is expressed as a percentage of all bed days for the hospital.</p>																																																	
<table border="1" data-bbox="264 252 716 411"> <thead> <tr> <th>Target per Month</th> <th>Dec-10</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>14%</td> <td>12.28%</td> <td>1.72%</td> </tr> </tbody> </table>	Target per Month	Dec-10	Variance	14%	12.28%	1.72%	 <table border="1" data-bbox="1142 255 2168 438"> <caption>Pre-Op Length of Stay - Actual vs Target Data</caption> <thead> <tr> <th>Month</th> <th>Target (%)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr><td>Jan-10</td><td>14</td><td>12.28</td></tr> <tr><td>Feb-10</td><td>14</td><td>13.5</td></tr> <tr><td>Mar-10</td><td>14</td><td>12.5</td></tr> <tr><td>Apr-10</td><td>14</td><td>13.8</td></tr> <tr><td>May-10</td><td>14</td><td>10.0</td></tr> <tr><td>Jun-10</td><td>14</td><td>11.5</td></tr> <tr><td>Jul-10</td><td>14</td><td>11.2</td></tr> <tr><td>Aug-10</td><td>14</td><td>12.0</td></tr> <tr><td>Sep-10</td><td>14</td><td>11.8</td></tr> <tr><td>Oct-10</td><td>14</td><td>10.5</td></tr> <tr><td>Nov-10</td><td>14</td><td>12.0</td></tr> <tr><td>Dec-10</td><td>14</td><td>12.28</td></tr> </tbody> </table>				Month	Target (%)	Actual (%)	Jan-10	14	12.28	Feb-10	14	13.5	Mar-10	14	12.5	Apr-10	14	13.8	May-10	14	10.0	Jun-10	14	11.5	Jul-10	14	11.2	Aug-10	14	12.0	Sep-10	14	11.8	Oct-10	14	10.5	Nov-10	14	12.0	Dec-10	14	12.28
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<p>Analysis: Percentage of bed days spent pre-operatively continues to remain below target</p>																																																	
<p>Actions:</p>																																																	
4.1.4 Elective Length of Stay	L																																																
<p>We continually strive to reduce length of stay in an effort to improve the patient experience by avoiding unnecessarily long stays in hospital. This also ensure that we are optimising the available bed capacity. In order to deliver contract activity levels for 2009/2010 a 10% reduction was applied to the LOS target. Figures below show a 6 month moving average. The target for 2010/2011 remains unchanged pending the commencement of the capacity and demand project.</p>																																																	
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<p>Analysis: Slight improvement from last 2 months, however, remaining above target by 0.24%</p>																																																	
<p>Actions: Continue to focus on reducing long stayers, timely discharge and admission avoidance increasing day case rates</p>																																																	

4.1.4 Non-Elective Length of Stay L

We continually strive to reduce length of stay in an effort to improve the patient experience by avoiding unnecessarily long stays in hospital. This also ensure that we are optimising the available bed capacity. In order to deliver contract activity levels for 2009/2010 a 10% reduction was applied to the LOS target. Figures below show a 6 month moving average. The target for 2010/2011 remains unchanged pending the commencement of the capacity and demand project.

Target per Month	Dec-10	Variance
3.15	3.21	-0.06



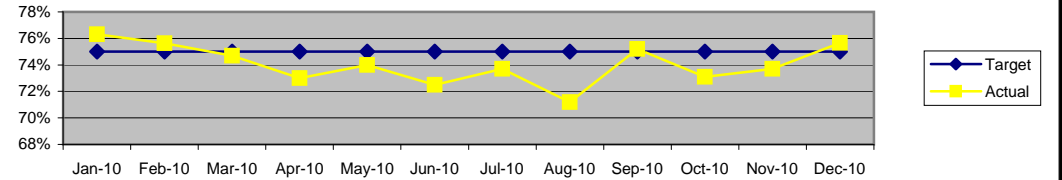
Analysis: This is an improved position from that reported in November (3.24%), however, the position remains slightly above target

Actions: See actions associated with Elective Length of stay (above)

4.1.5 Day Case Rates L BCBV

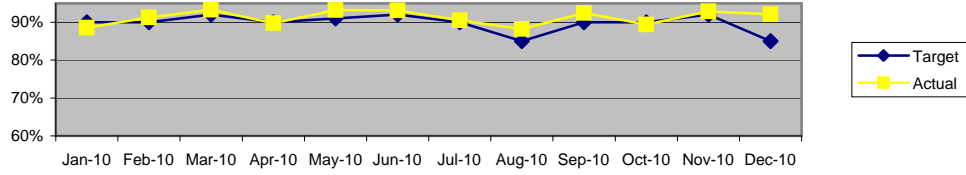
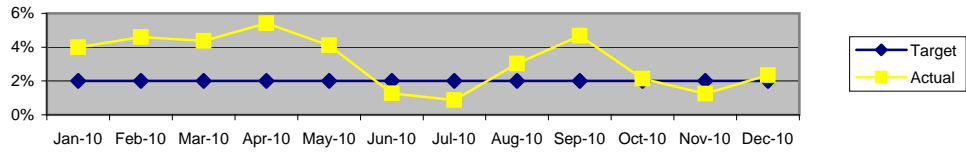
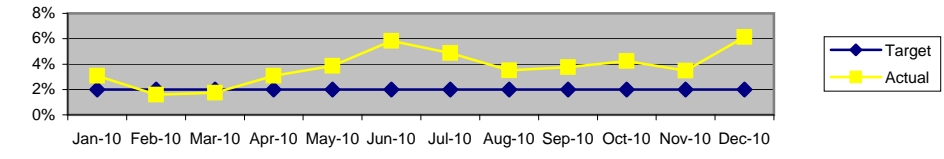
The calculation of performance is based on our position against benchmarks set by the British Association of Day Surgery (BADS)

Target per Month	Dec-10	Variance
75%	75.66%	-0.66%

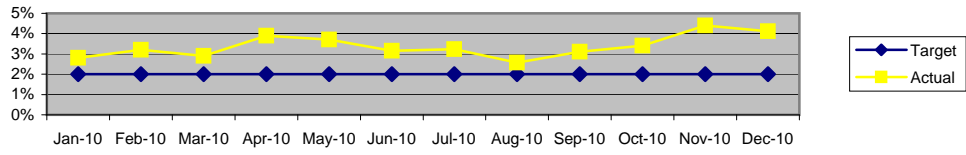


Analysis: This is an improvement on that reported in November (73.71%) by 1.95%.

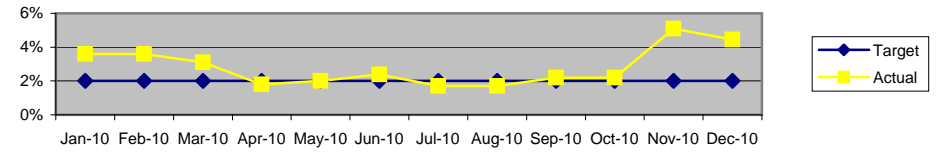
Actions: We are continuing to look at any specialties that are significantly below expectation

4.1.6 Theatre Utilisation	L									
<p>This indicator shows the number of theatre sessions used expressed as a percentage of sessions planned. With the launch of Productive Theatre, indicators associated with theatre utilisation may be amended during the course of 2010/2011.</p>										
 <table border="1" data-bbox="1344 343 1736 502"> <thead> <tr> <th>Target this Month</th> <th>Dec-10</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>85%</td> <td>92.09%</td> <td>7.09%</td> </tr> </tbody> </table>	Target this Month	Dec-10	Variance	85%	92.09%	7.09%				
Target this Month	Dec-10	Variance								
85%	92.09%	7.09%								
<p>Analysis: The overall Trust position for theatre utilisation is above target for the month of December.</p>										
<p>Actions: Productive Theatre project continues during January and February, with audits taking place and regular meetings.</p>										
<p>4.2 Workforce</p>										
<p>4.2.1 Recruitment and Retention</p>										
<p>Recruitment is seen as a key priority for the Trust, most particularly into nursing posts. Keeping vacancies to a minimum will not only improve patient and staff experience, it will also help with our aim to reduce the reliance and therefore expenditure on temporary staff.</p>										
<p>Vacancies - Trained Nursing Staff</p> 		<p>Vacancies - Non Trained Nursing Staff</p> 								
<p>Analysis: Trained nursing vacancies have decreased slightly but no major changes. Recruitment to the winter wards continues through the generic advert. None-trained nursing staff have also increased.</p>										
<p>Actions: Post specific recruitment is ongoing for the specialist areas. Ongoing generic recruitment to Band 5 nursing posts continues in order to recruit to vacancies. Health Care Assistant recruitment has commenced to fill non-training nursing vacancies.</p>										

Vacancies - Medical Training Grades



Vacancies - Non Training Grades



Analysis: Non-training vacancies remain constant while training vacancies have decreased slightly. Vacancies continue in Medicine, Ophthalmology, Anaesthetics, Urology and ENT with a Consultant vacancy in Urology.

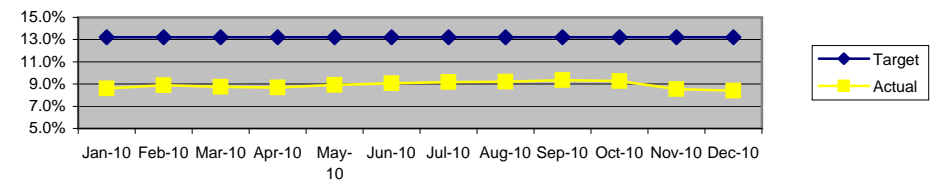
Actions: All vacant post are being advertised.

4.2.2 Turnover

L

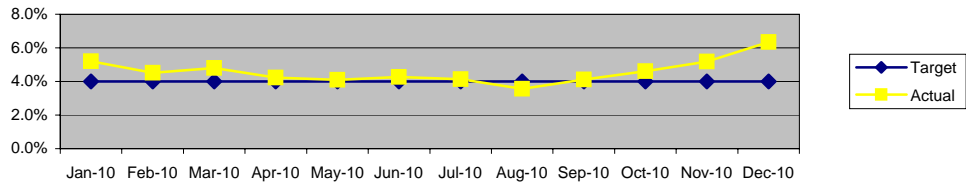
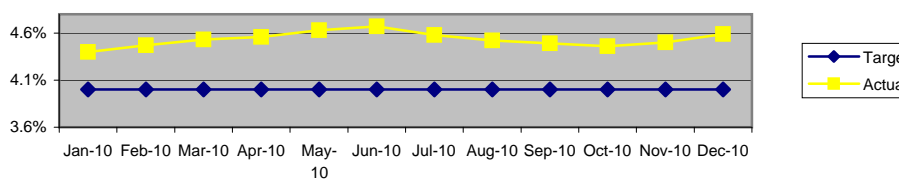
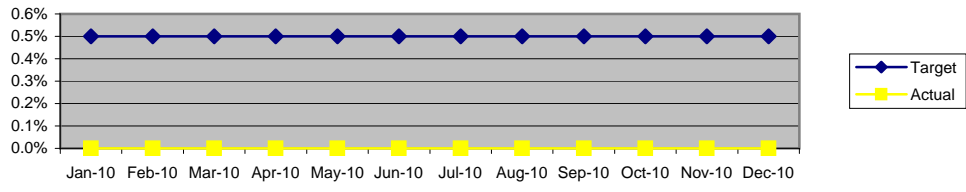
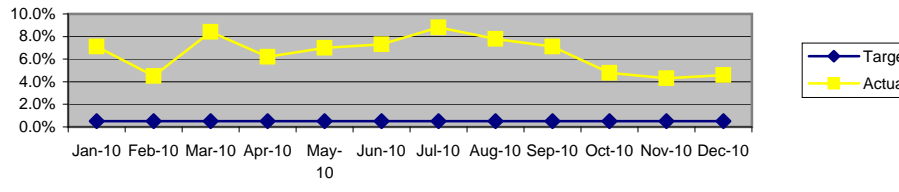
Figures from the Chartered Institute of Personnel and Development's Recruitment and Retention Survey 2008, indicated that the annual turnover rate in the UK is 17.3% and within the NHS has increased from 12.1% to 13.2%. The Trust internal target for last year was 11.5% but given the change in the national turnover rate, the target has been set at 13.2%.

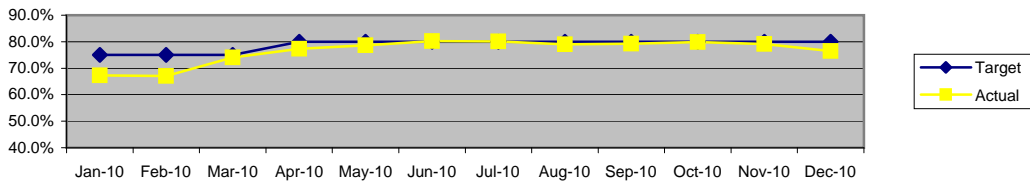
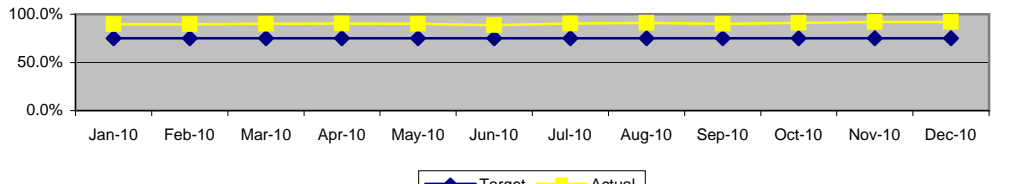
Target	Dec-10	Variance
13.20%	8.41%	4.79%



Analysis: We continue to achieve a much better turnover rate than the national NHS rate of 13.2%

Actions

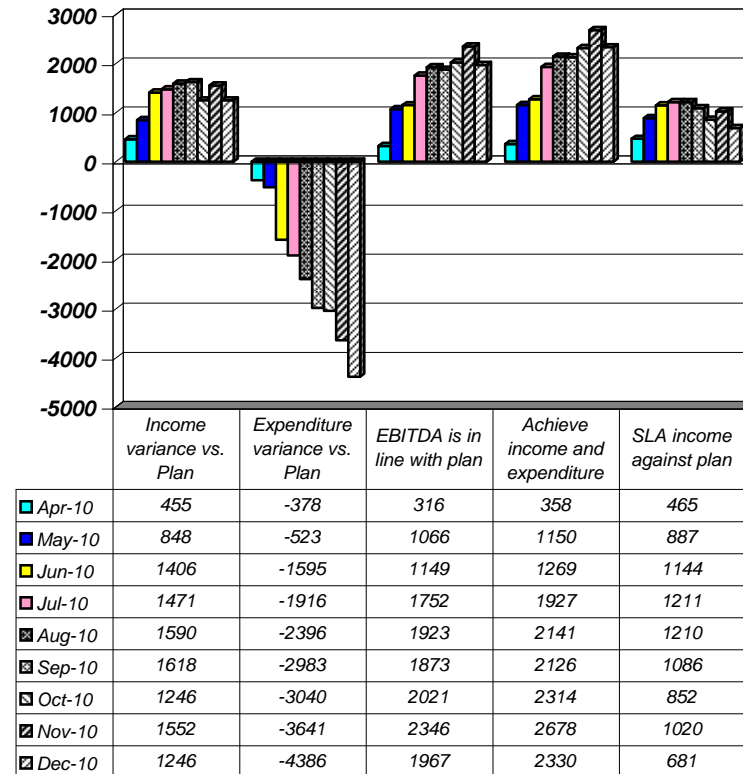
4.2.3 Sickness Absence	L																																																																																		
<p style="text-align: center;">In Month Actual - The Trust target is 4%</p>	<p style="text-align: center;">Moving Annual Average - The Trust target is 4%</p>																																																																																		
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<p>Analysis: Sickness absence for the month of December increased by 1.17% from 5.18% in November to 6.35% in December. Figures also show a 1.12% increase when compared to the same period in 2009. There was a significant increase in total hours lost due to viral illness and influenza when compared with November 2010, Influenza (+256%) and Viral Illness (+110%). The year on year comparison (December 2009 versus December 2010) also shows significant increases in absences related to these sickness reasons; influenza (+41.7%) and Viral Illness (+74.2%). Of the total 6.35% absence, 3.73% was due to long term sickness, over 39% of which was due to mental health conditions and musculo-skeletal disorders. The main reasons for short term sickness were viral illness and influenza, which accounted for 50.7% of short term sickness hours lost.</p>																																																																																			
<p>Actions: Sickness absence workshops have continued in many areas, although a number have been postponed during December due to clinical/operational commitments of managers and matrons. The flu vaccination programme continues, with additional vaccines delivered in January 2011; the level of vaccination as at 25th January 2011 was 55%.</p>																																																																																			
4.2.4 Temporary Staffing	L																																																																																		
<p style="text-align: center;">Temporary Nursing Staff (cumulative spend)</p>	<p style="text-align: center;">Temporary Medical Staff (cumulative spend)</p>																																																																																		
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<p>Analysis: There has been no agency expenditure for nursing staff during December. In terms of medical agency there has been a slight increase in month of 0.3% from 4.3% in November to 4.6% in December. Division One has seen a decrease in month from £82K in November to £67K in December. Agency expenditure in Head & Neck is high due to the use of NHS Locum's covering a Consultant post and 3 junior doctor posts. Division Two saw an increase in month from £121K in November to £144K in December. Agency expenditure in Neurology remains high due to the use of Commercial services being used for Consultant Neurophysiologist work. Spend also remains high in Emergency Services - nursing staff in EAU (bank nursing) and EAU Consultant will remain the same until vacancies have been filled.</p>																																																																																			
<p>Actions: As above</p>																																																																																			
Compliance with European Working time Regulations																																																																																			
<p style="text-align: center;">L</p> <p>The European Working Time Directive lays down minimum requirements in relation to working hours, rest periods, annual leave and working arrangements for night workers. The EWTD is a legal requirement and leads to a better health and safety and work life balance for all employees.</p>																																																																																			
<p>Analysis : For Junior Medical Staff we are 100% compliant.</p>																																																																																			

4.2.6 Education and Training	L	NHS C								
<p>Annual Appraisal: Workforce performance outcomes will be addressed through the Trust's annual appraisal and personal development processes. This indicator shows the percentage of all staff who have had an appraisal in the last 12 month. For 2010/2011 the target has been increased from 75% to 80% as year two progress towards 95% at year five.</p>										
<table border="1" data-bbox="264 252 716 411"> <thead> <tr> <th>Target</th> <th>Dec-10</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>80.00%</td> <td>76.50%</td> <td>3.50%</td> </tr> </tbody> </table>	Target	Dec-10	Variance	80.00%	76.50%	3.50%				
Target	Dec-10	Variance								
80.00%	76.50%	3.50%								
<p>Analysis: December's position has seen a slight deterioration from that reported in November, therefore, the overall Trust position remains just below the target set for 2010/2011. There are 15 areas showing as red i.e. <70% compliance, the number of staff with no appraisal in the last 12 months is shown in brackets. Division 1 - Critical Care Services (132), Head & Neck (21), Urology (8) Division 2 - Management Team (16) Estates and Facilities - Catering (80), Linen Services (4), Industrial Services (3), Mechanical Services (8) Corporate - Director of Finance (43), ICT & Health Records (98), Director of Estates and Development (12), Director of Human Resources (28), Medical Director (23), Director of Nursing (18), Trust Management Team (9)</p>										
<p>Mandatory Training: The Trust has a list of eight mandatory training topics which are generic and therefore applicable to all staff. The areas of focus are: Customer Care, Fire Safety, Hand Hygiene, Information Governance, Risk Management/Incident Reporting. Safeguarding Adults & Safe Guarding Children</p>										
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Target	Dec-10	Variance								
75.00%	92.00%	17.00%								
<p>Analysis: Stable position from last month at 92%, remaining well above target. Three areas with departments showing <65% compliance i.e. 'red' performance are Fire Safety (Governance & Legal Services, Infection Prevention, Director of Estates Development, Trust Management Team, Linen Services, Industrial Services & Mechanical Services) Hand Hygiene (Research & Development, Governance & Legal Services, Director of Estates Development, Dermatology, Catering, Linen Services, Staff Accommodation & Industrial Services) Safeguarding Children (Director of Estates Development)</p>										
<p>Actions:</p>										

5) FINANCE

- 5.1 SLA Income v plan
- 5.2 EBITDA to date vs plan
- 5.3 Income & expenditure surplus to date vs plan
- 5.4 Forecast income & expenditure vs plan
- 5.5 Cash balance to date vs plan

Analysis: With the exception of expenditure variance vs plan, all areas are reporting a favourable position at month nine



5.6 Delivery of Cost Improvement Programme

	November	December
2010/11 Total	£10,631	£10,631
Quarter 3	£8,505	£8,505
Current	£8,258	£8,564
Variance against Q1 plan	-£247	£59

The table above shows year to date actual delivery of CIP against plan for Quarter 3. This equates to 80.6% removed from budgets against a plan of 80% for quarter 3

5.7 Actual Performance against contract

	Plan	Actual	Var.
Emergency In-patients	33,629	33,981	352
Elective In-patients	8,020	7,376	-644
New Out-patients	66,116	71,110	4994
All Out-patients	149,443	167,896	18453

The table above shows year to date actual performance against cumulative plan

6) ENVIRONMENT**6.1 Capital programme is delivered to CRL**

Annual Plan	Year End Forecast	Variance
£18,035,000	£17,458,408	-£576,592

Analysis: Total forecasted annual is £577K under plan (-3%)**6.2 Capital spend is managed within plan**

Cumulative Plan	Cumulative Actual	Variance
£13,079,648	£10,690,767	-£2,388,881

Analysis: Cumulative spend is £2,389K under plan (-18%)

Delivering the Cancer Standards

The Cancer Intensive Support Team (CIST) was invited to the Trust by the Chief Operating Officer as part of an assurance visit to review the Trust's cancer pathways and processes in place to deliver the cancer waiting time standards (in particular the 62-day referral to first treatment standard). The aims of the visit were to validate the work currently ongoing at the Trust to improve its services and where possible to make further recommendations to facilitate delivery and sustainability of the 62 day standard.

Following the visit on 22 November 2010, in conjunction with the Directorates, the Trust's Cancer Team produced an Action Plan to formalise ongoing work to deliver all the cancer standards including 62-day. This action plan, together with the current delivery position is attached as Appendix 1.

In addition to a number of more general recommendations, the CIST drew specific attention to capacity for Endoscopy, Hysteroscopy and Laparoscopic prostate surgery as barriers to delivering the 62 day standard.

Endoscopy Capacity

The recent rise in demand in Endoscopy has been met by the addition of regular Saturday sessions and changing OPD time to screening endoscopy sessions. The directorate are undertaking a capacity and demand exercise to ensure that (1) this additional capacity meets the demand ongoing, and (2) any further increase in capacity is undertaken in a planned fashion. In addition, a further consultant will shortly become accredited to undertake screening Colonoscopies, and a second advanced nurse practitioner will join the department in June 2011.

Dedicated fast track slots are now allocated to the Cancer Team to book appointments directly which is proving effective. The waiting time for colonoscopy for patients with suspected cancer is now less than a week (Appendix 2).

Hysteroscopy Capacity

The business case for expanding the gynaecology-oncology service was approved and the directorate have appointed staff to increase capacity to meet the 62- and 31-day cancer standards. This has enabled the following to be achieved so far:

- The Hysteroscopy pathway for uterine cancer was reviewed in September and introduced in October. This pathway enables fast track to book directly into hysteroscopy out patient clinics. As a result of this out patient Hysteroscopy is now first line treatment rather than an inpatient procedure, which has taken delays out of the pathway and released more theatre time for more complex surgery.
- As a result of investment in Sonographer time, conventional out patient consultation clinics are being replaced with one stop consultation and diagnostic clinics further reducing delays in the pathway (Appendix 3).
- Operating time is still a bottle neck in the pathway. This has been compounded by workload pressures due to increased demand, planned and unplanned absences of Consultant Surgeons. A Consultant appointment was made in December and will commence at the Trust 1st April 2011. Following his induction operating capacity will significantly increase.

Laparoscopic Prostate Surgery Capacity

Patients waiting for Laparoscopic surgery have now been operated on through the conversion of OPD time to operating sessions. These additional lists have now been stepped down as there is sufficient scheduled operating capacity for all newly-listed patients. In order to ensure that ongoing capacity is available, the directorate has replaced a vacant post with an additional Laparoscopic Surgeon who is now in post. This surgeon will need to undergo a period of in-house training to become proficient in laparoscopic prostate surgery which will, in the near future, be robot-assisted, following the introduction of the Da Vinci system.

In order to better understand and improve the pathway for prostate patients referred from partner providers, the Directorate have additionally sought the Cancer Network to facilitate a review of the clinical pathway by the clinical and administrative teams. This will be undertaken in February and will aim to reduce delays in the receipt of tertiary referrals, which have historically been beyond the 62 days.

Further actions undertaken to support delivery of the cancer standards

Following the CIST visit, further actions have been undertaken across the organisation to ensure delivery of the cancer standards including:

Twice Daily collection of Radiology cards from all areas of the hospital; ensuring they are clearly identified as 62 day patients; delivery directly to radiology. All outstanding radiology requests tracked through live Priority Target List (PTL).

Commitment for all investigations (including Radiology, Endoscopy and Hysteroscopy) to be undertaken within 7 days; Pathology reporting within 5 days.

Live PTL accessible by all staff across the Trust; daily escalation reporting to relevant Directorates to highlight outstanding actions for patients on a cancer pathway; a new alert system has been introduced to identify patients at day 35 of their pathway who do not yet have a decision to treat to expedite decision-making.

A planned biopsy list is produced and shared with clinical areas, this enables the labs to know what cancer patients are due to receive biopsies during the coming week and helps them to easily identify the patients that are in a cancer pathway. This ensures the specimens are prioritised and fast tracked through the lab.

The Fast Track Team now have guaranteed capacity for Colonoscopy and Hysteroscopy to ensure investigations are carried out within agreed time scales.

Activity modelling to ensure that 2 week wait patients are seen within 7 days; Directorates are building this capacity into activity plans for 2011/12 to reduce 2 week wait down to 7 days.

Follow-up visit by the CIST

The CIST undertook a second visit on 31 January 2011. In addition to the Trust's Cancer Team, they met with the Urology, Gynaecology and Endoscopy teams. The CIST reviewed progress made against the Trust's action plan for delivering the 62-day standard as well as in-depth discussions with the specialty teams about their own action plans and capacity modeling.

Feedback from the CIST to the Chief Operating Officer:

Noted that significant sustainable changes have been made in many areas, including reduced waiting times for endoscopy, hysteroscopy, laparoscopic prostate surgery, histopathology and radiology. The 62 day compliance for Gynaecology was 75% in January which demonstrates considerable improvement against previous months (egg 50% in November)

Approved of the revised escalation level of patients without a decision to treat at day 35 of their pathway to ensure that they are treated by day 62; also noted that the Trust's cancer PTL provides good information to the Directorates to assist in the delivery of the cancer standards.

Huge improvements in Pathology and Radiology turnaround times (Appendices 4 & 5)

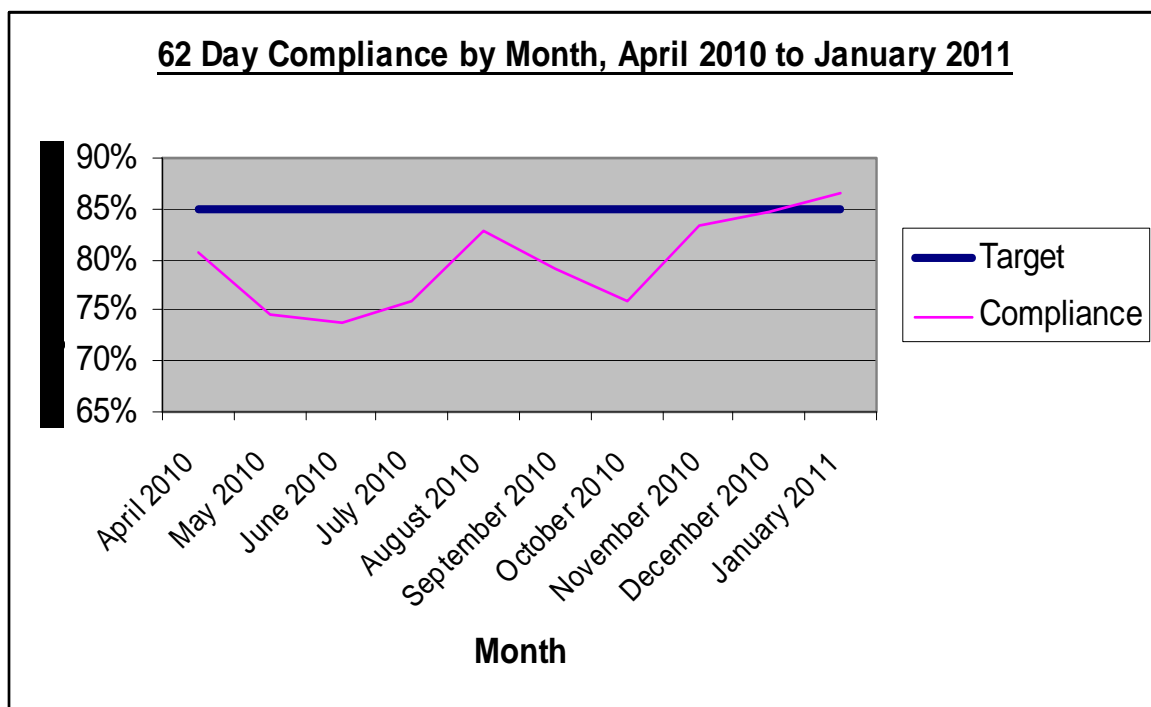
CIST agreed that the Trust had made a massive change to the approach to cancer waiting times. The focus had been on achieving sustainable changes that would secure compliance in the future (rather than quick wins that were fragile). Progress had been impressive and there was a clear commitment to ensure that ongoing monitoring and process change would continue.

The team saw no indication that they could further improve the results and did not plan to undertake any further support work with the Trust.

62-Day compliance

In January 2011, the Trust has delivered 86.5%* compliance against a threshold of 85% for the 62-day standard. It is anticipated that through the implementation of further identified actions (Action Plan - Appendix 1) and the actions already completed, the standard will continue to be successfully delivered in Q4 and ongoing.

*Provisional compliance Subject to change following national upload in March 2011



Assurance

- Early warning system in place for alerts on patients without a decision to treat.
- Continued weekly monitoring on COO report.
- Continued weekly monitoring by Divisional Teams
- Panel based breach analysis
- Ongoing review of turnaround times for patients
- Early alert of demand spikes (close monitoring of referrals received)
- All 2 week wait referrals are entered onto Somerset by the cancer team, the referral data is randomly checked to ensure that all details are entered correctly.
- All positive histology reports are cross referenced with the labs and Somerset database
- Root Cause Analysis (RCA) for each patient that breaches a cancer target, once completed by tracker sent to MDT Co-ordinator for additional information – to be discussed with Directorate Manager and Cancer lead, also circulated to MDT team for comments and highlight issues within the patient pathway.
- Live patient information for MDT teams to acknowledge/comment/update on patient specific details.
- Regular house keeping report run from Somerset to ensure all mandatory data is recorded correctly – produce exception reports for validation.
- Run regular house keeping reports for all National Cancer Audits.
- Cross checking with patient case notes.
- Extensive tracking notes providing a comprehensive audit trail.

Further Actions

- Tertiary referrals
- Enhanced links between Patient Administration System (PAS) and Somerset
- Review potential for additional one-stop clinics
- Patient pathway review for all sites
- Endoscopy capacity and demand work (completion)
- Closely manage the work from Shrewsbury and Telford for Gynaecology

Action Plan to support the delivery of the Cancer 62-Day Standard [Updated 31.01.11]

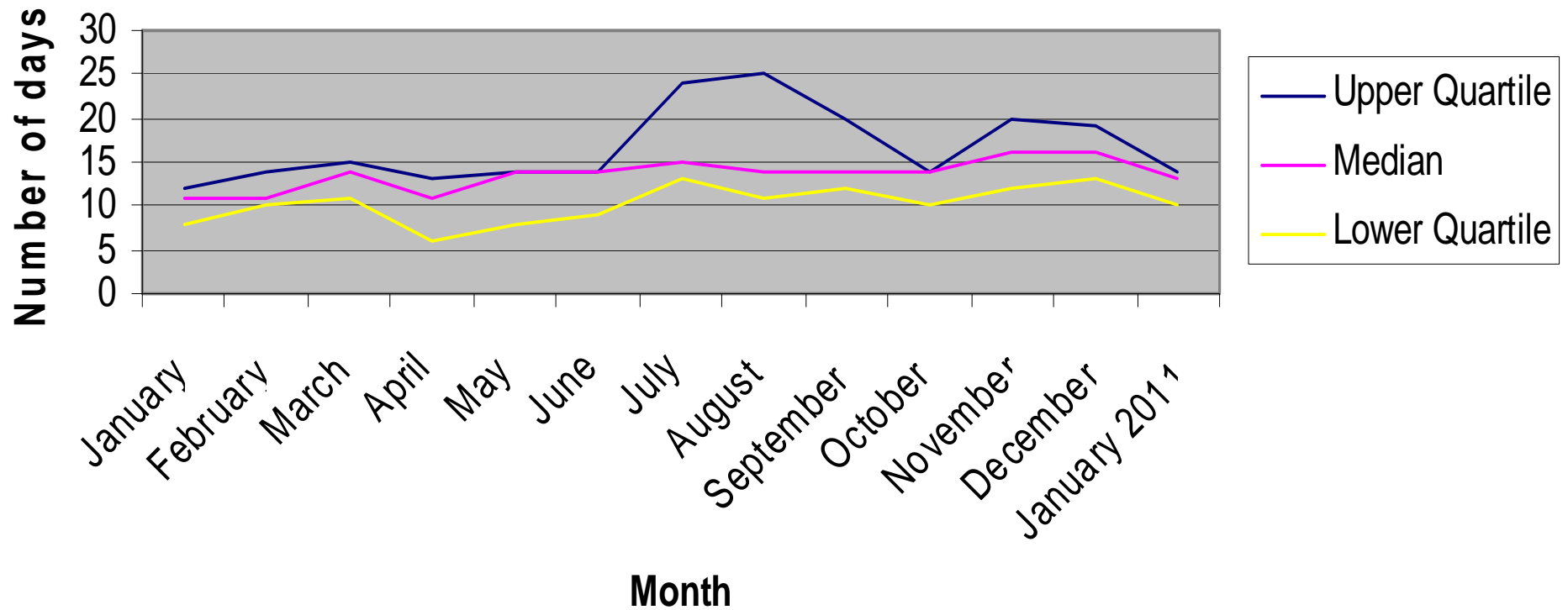
Appendix 1

Department	Action	Lead	Due Date	Progress / Comments
Cancer Team	Review tertiary referral policy to be agreed between CEOs at all sites referring to NX	Maurice Hakkak	Feb 2011	MH to draft letter to go to partner providers
Cancer Team & Directorates	Review last 10 patients within Skin, Lung, breast and Haematology to identify areas for possible improvement to these pathways and leaning for other specialties; share findings with Directorates	Maurice Hakkak	Feb 2011	Reports complete Review within cancer team and across directorates ongoing
Cancer Team	Review 62-day performance predictions; provide predictions for longer term performance (egg 12 months)	Maurice Hakkak	Jan 2011	Complete - predictions for patients already on a pathway Methodology for longer predictions devised; to be agreed by COO prior to dissemination
Cancer Team	Consolidate reports produced by the Cancer Team into a single portfolio	Maurice Hakkak	Jan 2011	JO to produce portfolio including Ref to DTT reports - complete
Cancer Team	Review pick-up rate of subsequent surgery treatments	Maurice Hakkak	Feb 2011	Effected link between PAS and Somerset; finalising query to identify patients pre-operatively through daily report
Cancer Team & Directorates	Add timelines to pathways including trigger points for escalation (egg Ref-to-DTT); to be part of pathway review	Directorate Managers	Feb 2011	Escalations now include patients without a DTT by day 35 Complete – report by site of Ref to DTT
Cancer Team & Directorates	Ensure correct mark-up of radiology and pathology requests to ensure that they are appropriately expedited and discharged from the 62 day pathway	Directorate Managers	Jan 2011	Biopsy report sent to histology; biopsies marked on TCI lists; theatre staff aware of 62 day cases; dedicated porter to pathology Twice daily collection of radiology requests; marked 62 day and take to radiology; daily reporting of 62 day patients

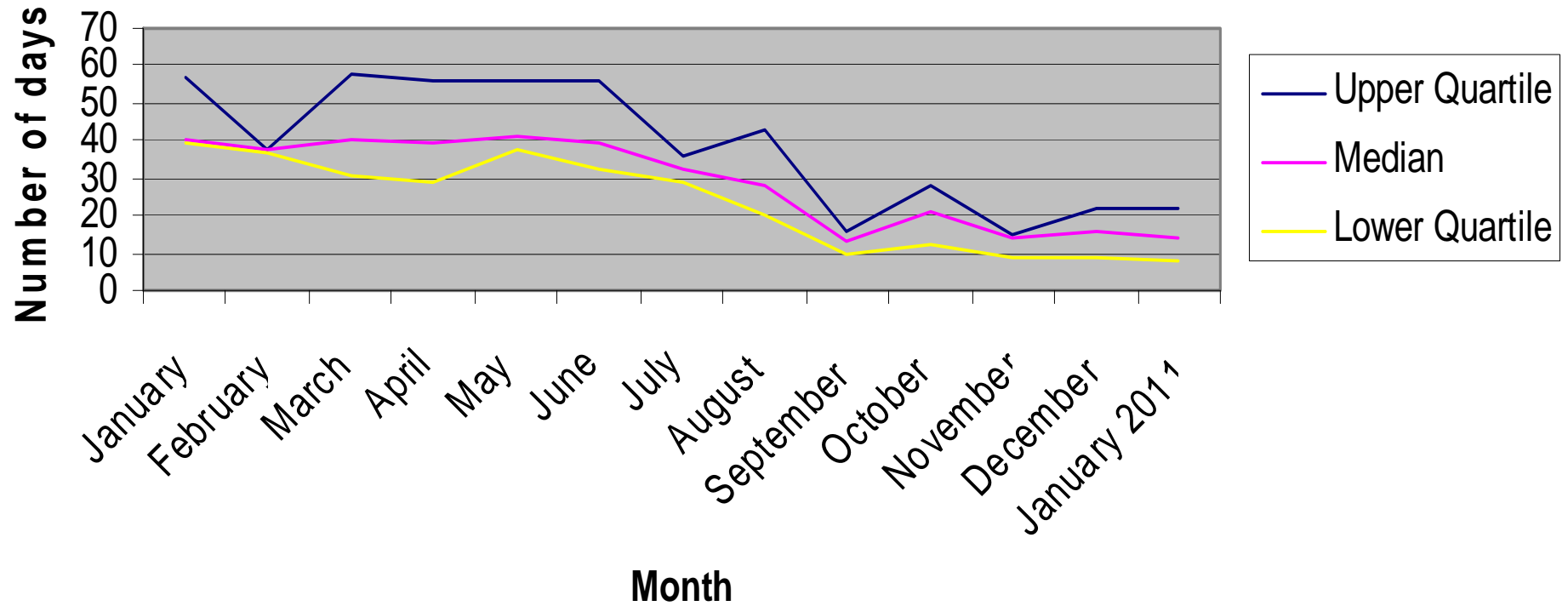
Department	Action	Lead	Due Date	Progress / Comments
Cancer Team	Enumerate OPD clinic slots required by specialty to reduce 2ww to 1ww	Maurice Hakkak	Jan 2011	Complete To review implementation plans with Directorates
Directorates	Ensure that all patients referred under 2ww are offered a first appointment within seven days.	Directorate Managers	March 2011	Capacity numbers shared with Directorates; activity to be made available by March 2011
Cancer Team & Directorates	Identify investigation capacity/demand required to allow booking of all investigations within 7 days	Directorate Managers	Jan 2011	Radiology/pathology committed to 5/7 day turnaround; endoscopy & hysteroscopy complete
Directorates	Ensure all investigations are booked within seven days	Directorate Managers	Feb 2011	Ongoing
Cancer Team	Identify review OPD and investigation capacity required to allow full booking by Fast Track team following MDT discussion	Maurice Hakkak	Jan 2011	Complete LG to review implementation
Cancer Team	Implement Fast Track booking following MDT decision	Maurice Hakkak	Feb 2011	Await directorate plans to provide capacity
Gynaecology	Review last 10 breach reports to identify areas for possible improvement to pathways	Zena Dalton	Jan 2011	Complete
Gynaecology	Undertake capacity/demand review for hysteroscopy	Zena Dalton	Jan 2011	Complete
Endoscopy	Undertake capacity/demand review for OGD, colonoscopy and flexible sigmoidoscopy	Dean Gritton	Feb 2011	Complete
Colorectal Surgery	Review straight-to-test for colorectal referrals	Ruth Horton	Feb 2011	To discuss with colorectal surgeons
Urology	Urology pathways process mapping	Ruth Horton	Feb 2011	Network to facilitate; by end Feb
Head & Neck	H&N pathways process mapping	Heather Adams	March 2011	Network to facilitate following Urology
Cancer Team	Review number of patients by tumour site who have had MDT decision postponed due to absence of core member(s) at MDT	Maurice Hakkak	Feb 2011	TJ to provide list of patients re-listed at MDT

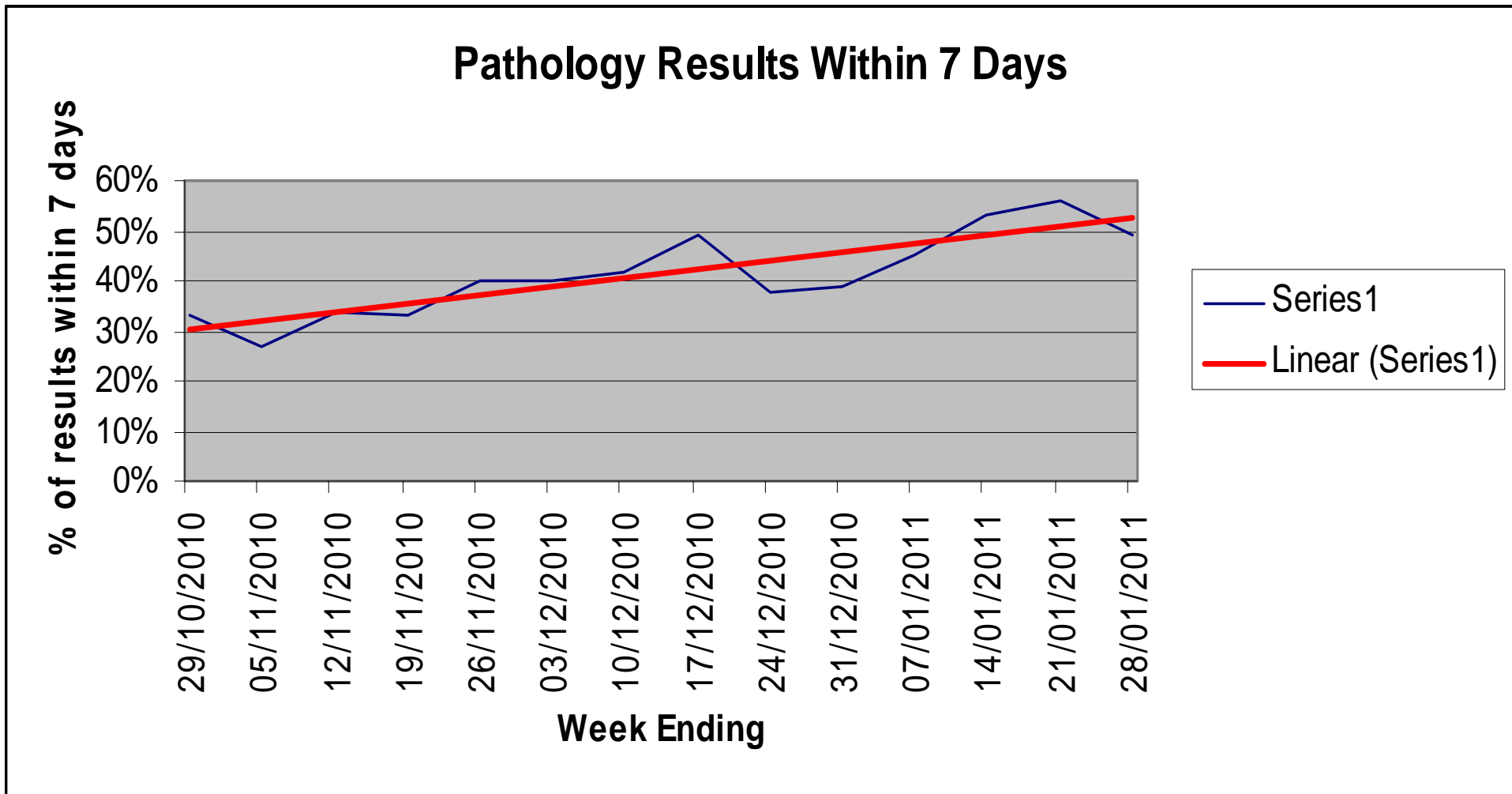
Department	Action	Lead	Due Date	Progress / Comments
Radiology	Ensure full attendance by core member radiologist (or cover) at MDT meetings	Anthony Leese	March 2011	Appointment of new radiologist posts in progress
Radiology	Review role and/or capacity for faecal tagging	Anthony Leese Ruth Horton Maurice Hakkak	Feb 2011	Complete; capacity now available
Oncology	Ensure full attendance by core member oncologist (or cover) at MDT meetings	Maurice Hakkak	March 2011	Job Plan review complete; 3 new posts to advert shortly
Cancer Team	Review cover arrangements for Patient Trackers and MDT coordinators to ensure that year-round service is maintained	Maurice Hakkak	Jan 2011	Complete
Cancer Team	Review JD and role of MDT coordinators to ensure that maximum time is spent delivering core MDT and Fast Track business	Maurice Hakkak	Feb 2011	Ongoing
Trust & PCT	Review communication processes in place to feed back to primary care any issues concerning referral processes, the use of inappropriate 2ww referrals and missing minimum referral dataset items	Dave Rowlands	Jan 2011	Reviewed referrals by GP; no outlying GPs in terms of referral appropriateness Routine referrals that should have been 2ww are upgraded; GPs fed back to directly 2ww referrals that do not meet criteria are discussed with GPs (following discussion with receiving consultant)
CIST	CIST to support with generating an appropriate information pack	Maurice Hakkak	Jan 2011	Complete
CIST	CIST to support with verification of capacity and demand work already undertaken by the Trust to expand/sustain services	Directorate Managers	Feb 2011	Complete

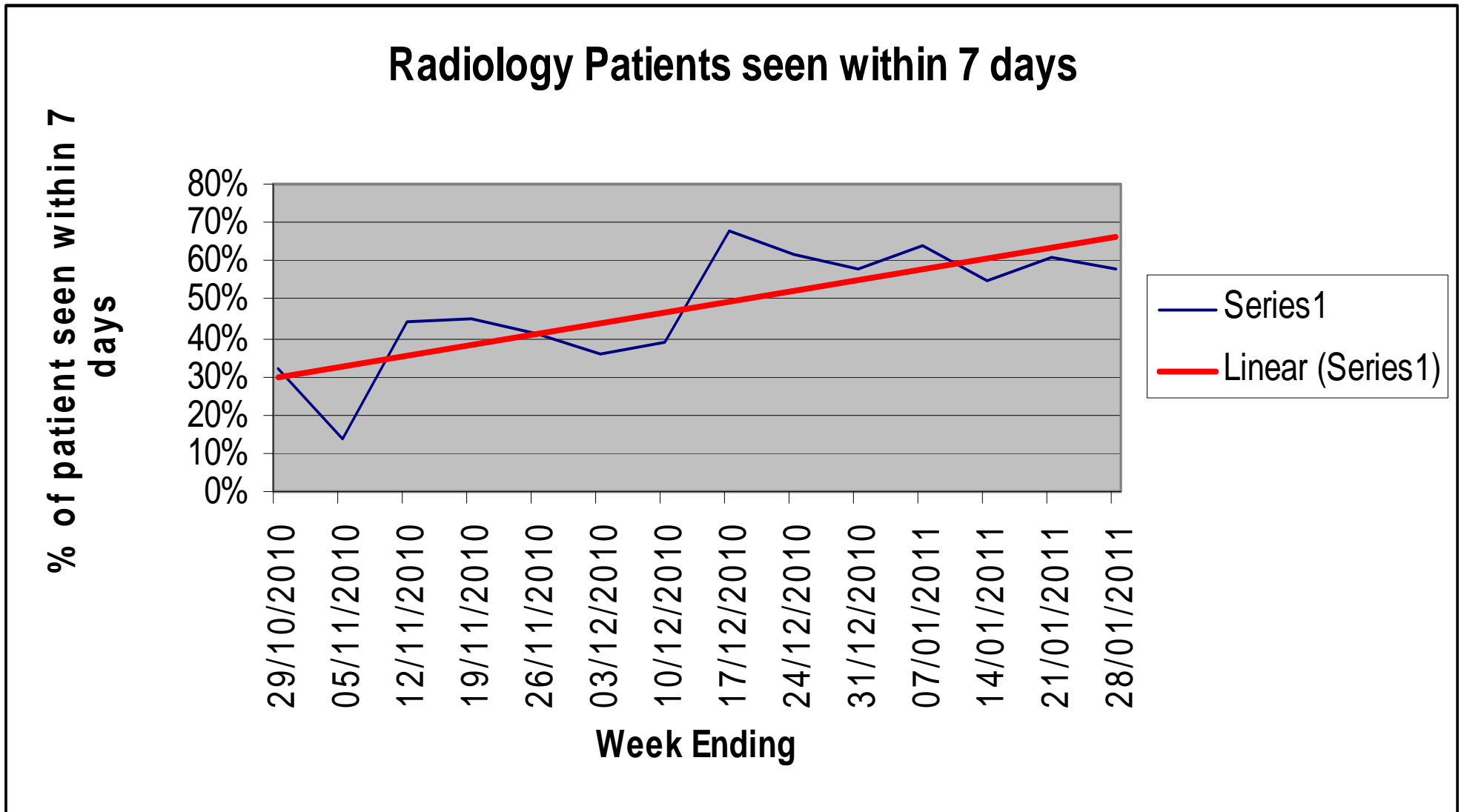
Colonoscopies: How long from request to procedure performed



Hysteroscopies: How long from request to procedure performed







Gynaecology 62 Day Compliance

