

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

REPORT TO: Trust Board - 14th March 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 (January 2011)

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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

7 Better Care, Better Value (Quarter 2, 2010-2011)

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 January is at 7, below the target of 7.5 for the month. This is against our internal target. The new testing procedure for C Diff commenced on 1st February 2011. We continue our excellent performance in relation to MRSA Bacteraemia.

Cancer - We were compliant with all Cancer Targets for the month of January and achieved a Monitor score of '0' for the month. 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 made 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

Contract Queries - There have been no contract queries during the month of January

1.1 Foundation Trust - Compliance Framework

Performance Indicator	Threshold	Weighting	Dec-10				Quarter 3				Jan-11			
			Numerator	Denominator	Result	Weighted Score	Numerator	Denominator	Result	Weighted Score	Numerator	Denominator	Result	Weighted Score
Clostridium Difficile year on year reduction	0	1.0	3	8.8	5.8	0.0	17	26.4	9.4	0.0	6	8.8	2.8	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	61	71.5	85.31%	0.0	153	186.5	82.04%	1.0	63.5	70	90.71%	0.0
62 day wait for first treatment from consultant screening service referral - all cancers	90%		12.5	13.5	92.59%		37	40	92.50%		8	8	100.00%	
31 day wait for second or subsequent treatment surgery	94%	1.0	37	37	100.00%	0.0	105	107	98.13%	0.0	42	44	95.45%	0.0
31 day wait for second or subsequent treatment - anti cancer drug treatments	98%		52	52	100.00%		196	196	100.00%		60	60	100.00%	
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	95%	0.5	12380	12584	98.38%	0.0	37270	37710	98.83%	0.0	10819	10939	98.90%	0.0
31 day wait from diagnosis to first treatment - all cancers	96%	0.5	178	179	99.44%	0.0	502	505	99.41%	0.0	160	165	96.97%	0.0
Two week wait from referral to date first seen - all cancers	93%	0.5	411	420	97.86%	0.0	1417	1456	97.32%	0.0	460	472	97.46%	0.0
Two week wait from referral - symptomatic breast	93%		100	101	99.01%		385	390	98.72%		107	111	96.40%	
Screening all elective in-patients for MRSA	-	0.5	6228	4111	151.50%	0.0	19778	12880	153.56%	0.0	7021	4359	161.07%	0.0
CQC Registration (without condition)	-	0.4				0.0				0.0				0.0

Total
0
Total
1
Total
0

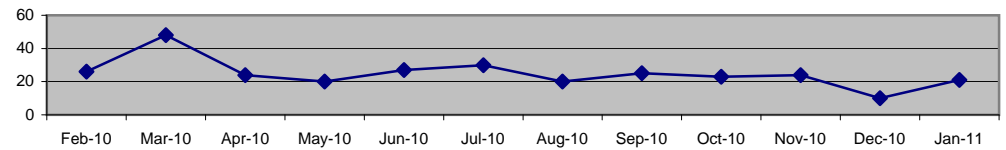
Green <1
 Amber Green 1-1.9
 Amber Red 2.0-3.0
 Red >3

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																																														
<table border="1"> <thead> <tr> <th>Number of C Diff Cases</th> <th>Cum Plan</th> <th>Cum Actual</th> <th>Cum Variance</th> <th>Yr end Forecast</th> </tr> </thead> <tbody> <tr> <td>90</td> <td>75.0</td> <td>72</td> <td>-3</td> <td>86.4</td> </tr> </tbody> </table>					Number of C Diff Cases	Cum Plan	Cum Actual	Cum Variance	Yr end Forecast	90	75.0	72	-3	86.4	<table border="1"> <caption>Clostridium Difficile - Monthly Data</caption> <thead> <tr> <th>Month</th> <th>Target</th> <th>Actual</th> </tr> </thead> <tbody> <tr><td>Feb-10</td><td>7.5</td><td>7.0</td></tr> <tr><td>Mar-10</td><td>7.5</td><td>8.5</td></tr> <tr><td>Apr-10</td><td>7.5</td><td>10.0</td></tr> <tr><td>May-10</td><td>7.5</td><td>4.0</td></tr> <tr><td>Jun-10</td><td>7.5</td><td>3.0</td></tr> <tr><td>Jul-10</td><td>7.5</td><td>8.0</td></tr> <tr><td>Aug-10</td><td>7.5</td><td>7.0</td></tr> <tr><td>Sep-10</td><td>7.5</td><td>11.0</td></tr> <tr><td>Oct-10</td><td>7.5</td><td>9.0</td></tr> <tr><td>Nov-10</td><td>7.5</td><td>9.0</td></tr> <tr><td>Dec-10</td><td>7.5</td><td>4.0</td></tr> <tr><td>Jan-11</td><td>7.5</td><td>7.5</td></tr> </tbody> </table>						Month	Target	Actual	Feb-10	7.5	7.0	Mar-10	7.5	8.5	Apr-10	7.5	10.0	May-10	7.5	4.0	Jun-10	7.5	3.0	Jul-10	7.5	8.0	Aug-10	7.5	7.0	Sep-10	7.5	11.0	Oct-10	7.5	9.0	Nov-10	7.5	9.0	Dec-10	7.5	4.0	Jan-11	7.5	7.5
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Analysis: One ward had 2 cases during January																																																											
2.1.2	MRSA Bacteraemia								CQC N	PCT	SHA	L	M																																														
<table border="1"> <thead> <tr> <th>Number of MRSA Cases</th> <th>Cum Plan</th> <th>Cum Actual</th> <th>Cum Variance</th> <th>Yr end Forecast</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>					Number of MRSA Cases	Cum Plan	Cum Actual	Cum Variance	Yr end Forecast	4	0	0	0	0	<table border="1"> <caption>MRSA Bacteraemia - Monthly Data</caption> <thead> <tr> <th>Month</th> <th>Target</th> <th>Actual</th> </tr> </thead> <tbody> <tr><td>Feb-10</td><td>4</td><td>0</td></tr> <tr><td>Mar-10</td><td>4</td><td>0</td></tr> <tr><td>Apr-10</td><td>0</td><td>0</td></tr> <tr><td>May-10</td><td>0</td><td>0</td></tr> <tr><td>Jun-10</td><td>0</td><td>0</td></tr> <tr><td>Jul-10</td><td>0</td><td>0</td></tr> <tr><td>Aug-10</td><td>0</td><td>0</td></tr> <tr><td>Sep-10</td><td>0</td><td>0</td></tr> <tr><td>Oct-10</td><td>0</td><td>0</td></tr> <tr><td>Nov-10</td><td>0</td><td>0</td></tr> <tr><td>Dec-10</td><td>0</td><td>0</td></tr> <tr><td>Jan-11</td><td>0</td><td>0</td></tr> </tbody> </table>						Month	Target	Actual	Feb-10	4	0	Mar-10	4	0	Apr-10	0	0	May-10	0	0	Jun-10	0	0	Jul-10	0	0	Aug-10	0	0	Sep-10	0	0	Oct-10	0	0	Nov-10	0	0	Dec-10	0	0	Jan-11	0	0
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Analysis: This is the nineteenth consecutive month without an MRSA Bacteraemia																																																											
2.3	Readmissions																																																										
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																																																											
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Analysis: Percentage of emergency re-admissions within 14 days has shown an improvement from the December position, however, it still remains slightly above target by 0.04%																																																											
Actions:																																																											

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)

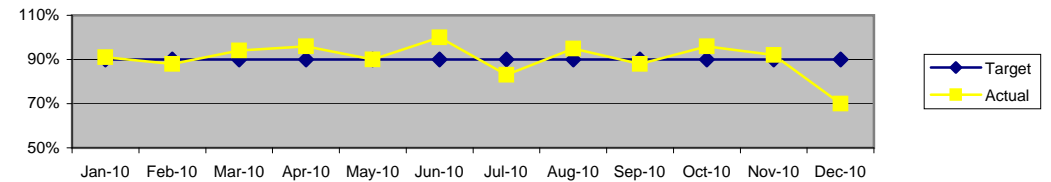
Current Month	Cum Actual	Yr End Actual	Yr End Actual
Dec-10	224	2009/10	2010/11
21	224	379	269



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	Oct-10 Validated	Nov-10 Validated	Dec-10 Validated
90%	96%	92%	70%



Analysis: 10 complaints were received in December, 5 of which were responded to within 25 working days. 5 complaints took longer than 25 working days 2 of which had obtained consent to breach (1 women and children's & 1 A/E), 3 complaints (3 A&E) did not have consent to breach. Performance has been discussed at Quarter 3 performance review meeting with Division 2

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	Dec-10	Variance	Jan-11	Variance
Varicose	81%	63%	-18%	52%	-29%
Groin Hernia	76%	78%	2%	67%	-9%

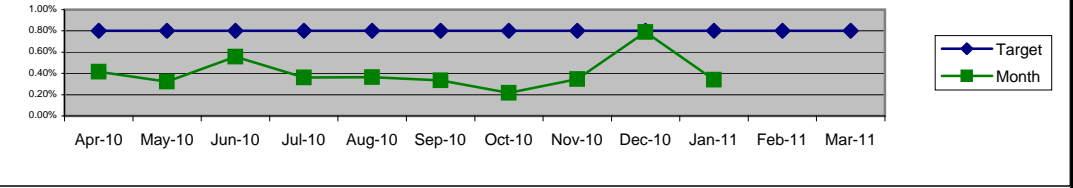
Procedure	Target	Dec-10	Variance	Jan-11	Variance
Hip	72%	82%	10%	72%	0%
Knee	75%	82%	7%	77%	2%

Analysis: Hip and Knee participation rates remain above the target agreed with the PCT whilst Groin Hernia and Varicose Vein are 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.

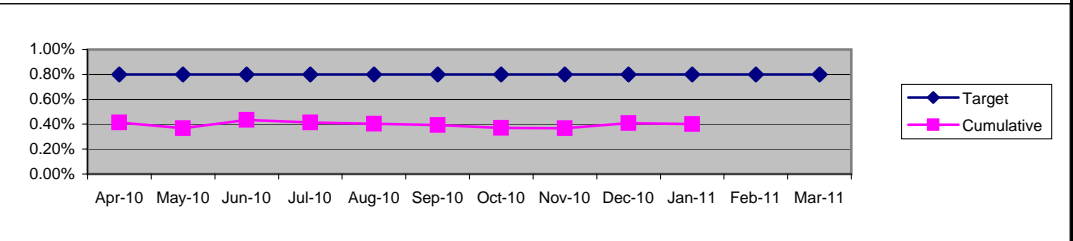
3.4 Short Notice Cancellation of Operations CQC E L

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	Jan-11 Actual	Dec-10 Actual	Nov-10 Actual
0.80%	0.34%	0.79%	0.35%



Cumulative	Jan-11	Dec-10	Nov-10
Cancellations	258	236	188
Elec Procedures	63777	57381	51318
Cumulative %	0.40%	0.41%	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					1
Gen Surg			2		1	2	1	6
Cardiac			1		3		5	9
Gynae				2				2
Ortho								0
Cardiology			1					1
H&N	2				1			3
Ophth								0
Total	2	0	5	2	5	2	6	22

Actions: 22 operations were cancelled during January, this an improvement from 48 in December. 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. 11 cases were cancelled due to bed unavailability, this was because of the number of influenza cases admitted in early January.

4.1 Service Delivery

4.1.1 18 week Referral to Treatment (RTT)

CQC N

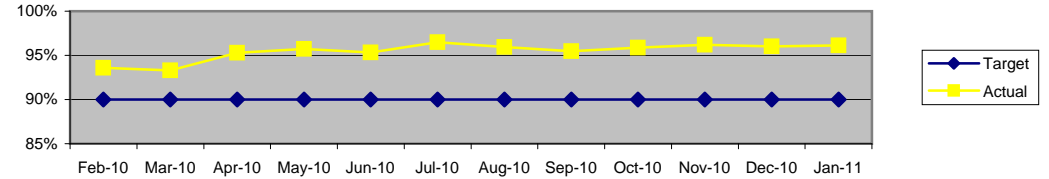
PCT

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. New standards and current compliance are being monitored and number of breaches carried are reducing.

Admitted

Target	Jan-11
90%	96.13%



Analysis:-

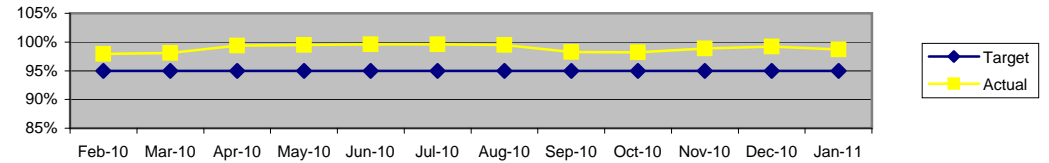
Specialty:
Specialty:

Comments

All specialties achieved the target in January

Non-Admitted

Target	Jan-11
95%	98.68%



Analysis:-

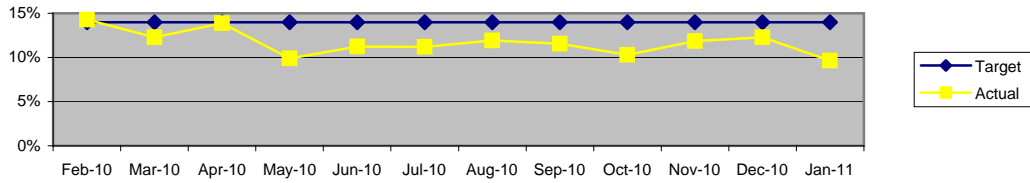
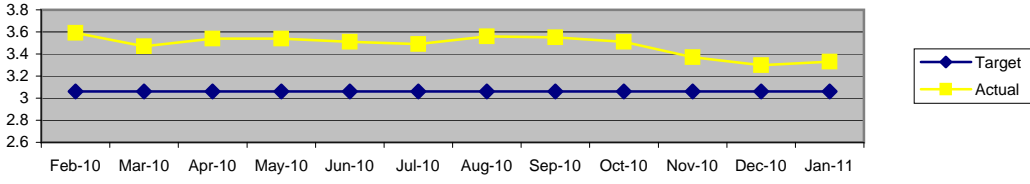
Specialty:
Specialty:

Comments

All specialties achieved the target in January

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>Jan-11</th> <th>Variance</th> <th>Cumulative</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>Internal</td> <td>98%</td> <td>98.30%</td> <td>0.30%</td> <td>98.56%</td> <td>0.56%</td> </tr> <tr> <td>Overall</td> <td>98%</td> <td>98.14%</td> <td>0.14%</td> <td>99.09%</td> <td>1.09%</td> </tr> </tbody> </table>										Target	Jan-11	Variance	Cumulative	Variance	Internal	98%	98.30%	0.30%	98.56%	0.56%	Overall	98%	98.14%	0.14%	99.09%	1.09%
	Target	Jan-11	Variance	Cumulative	Variance																					
Internal	98%	98.30%	0.30%	98.56%	0.56%																					
Overall	98%	98.14%	0.14%	99.09%	1.09%																					
<p>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. Out of the 5 new targets that are being introduced, early analysis shows that we are currently compliant in 3 of the targets and meetings are taking place to ensure the capture of data and compliance for all standards.</p>																										
<p>Actions: Winter plan activated with full participation across the Trust</p>																										
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 77.70% - this is a deterioration of 9.67% from the one reported in December (87.37%)																							
In order to monitor the reduction of health inequalities related to ethnic diversity, it is essential that data quality on ethnic group is >= 95%		94.33%	This is a slight deterioration of 0.10% from the position reported in December of 94.43%. 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.		87	This is an improvement from the December position of 121.																							

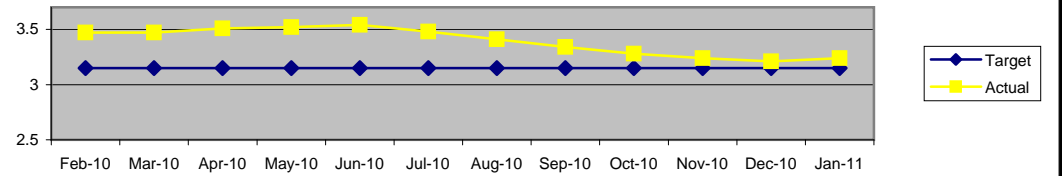
Existing Commitments & National Priorities - Continued		
No patient will wait longer than 26 weeks for in-patient care	0	
No patient will wait longer than 13 weeks for out-patient consultation	0	
No patients will wait longer than three months (13 weeks) for revascularisation	0	
2 week waiting time for Rapid Access Chest Pain Clinic	100.00%	
62 days from urgent GP referrals to first definitive cancer treatment: All Cancers (85%)	90.71%	9 breaches - 3 complex pathways, 1 patient initiated, 5 tertiary referrals received at 48 days or more
62 day wait for first treatment from consultant screening - all cancers (90%)	100.00%	
62 days for first treatment for those patients who are upgraded with a suspicion of cancer (Shadowing Monitoring until April 11) - (85%)	97.50%	
31 day (diagnosis to Treatment) Wait for First Treatment - All Cancers (96%)	96.97%	
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%)	95.45%	
31 day wait for second or subsequent treatment: Radiotherapy Treatments (94%)	94.25%	
All Cancer Two week Wait (93%)	97.46%	
Two week wait for symptomatic breast patients (cancer not initially suspected) (shadow monitoring until Dec 09) - (93%)	96.40%	
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>Jan-11</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>14%</td> <td>9.64%</td> <td>4.36%</td> </tr> </tbody> </table>	Target per Month	Jan-11	Variance	14%	9.64%	4.36%	 <table border="1" data-bbox="1142 255 2168 438"> <caption>Pre-Op Length of Stay Data</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Feb-10</td><td>14.5</td><td>14</td></tr> <tr><td>Mar-10</td><td>12.5</td><td>14</td></tr> <tr><td>Apr-10</td><td>14.5</td><td>14</td></tr> <tr><td>May-10</td><td>10</td><td>14</td></tr> <tr><td>Jun-10</td><td>11.5</td><td>14</td></tr> <tr><td>Jul-10</td><td>11.5</td><td>14</td></tr> <tr><td>Aug-10</td><td>12.5</td><td>14</td></tr> <tr><td>Sep-10</td><td>11.5</td><td>14</td></tr> <tr><td>Oct-10</td><td>10</td><td>14</td></tr> <tr><td>Nov-10</td><td>12.5</td><td>14</td></tr> <tr><td>Dec-10</td><td>12.5</td><td>14</td></tr> <tr><td>Jan-11</td><td>10</td><td>14</td></tr> </tbody> </table>					Month	Actual (%)	Target (%)	Feb-10	14.5	14	Mar-10	12.5	14	Apr-10	14.5	14	May-10	10	14	Jun-10	11.5	14	Jul-10	11.5	14	Aug-10	12.5	14	Sep-10	11.5	14	Oct-10	10	14	Nov-10	12.5	14	Dec-10	12.5	14	Jan-11	10	14
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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: Static position from the one reported in December (3.3%), remaining above target by 0.27%</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	Jan-11	Variance
3.15	3.24	-0.09



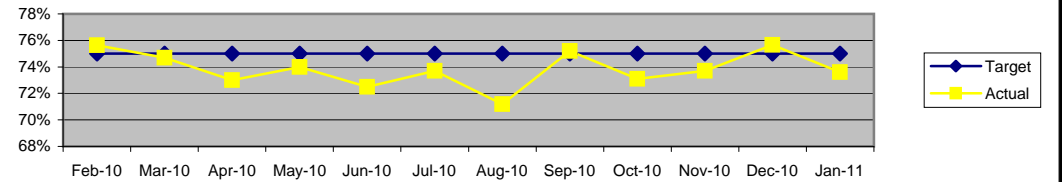
Analysis: Static position from the one reported in December (3.21%), remaining above target by 0.09%

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	Jan-11	Variance
75%	73.60%	-1.40%

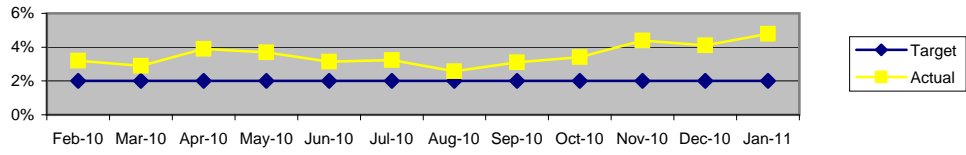


Analysis: This is a slight deterioration from the position that was reported in December (75.66%) by 2.06%. The following specialties have an overall compliance rate of less than 75% - Breast Surgery (44%), ENT (55%), General Surgery (64%), Gynaecology (52%) and Vascular (49%).

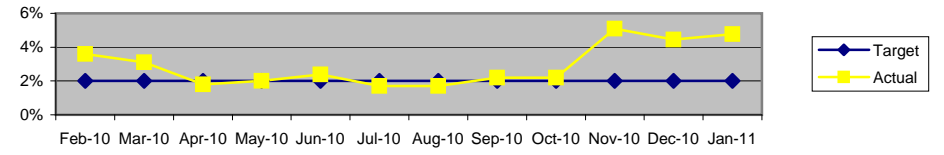
Actions: We are continuing to look at any specialties that are significantly below expectation

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"> <caption>Theatre Utilisation Data</caption> <thead> <tr> <th>Month</th> <th>Target (%)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr><td>Feb-10</td><td>90</td><td>90</td></tr> <tr><td>Mar-10</td><td>90</td><td>91</td></tr> <tr><td>Apr-10</td><td>90</td><td>90</td></tr> <tr><td>May-10</td><td>90</td><td>91</td></tr> <tr><td>Jun-10</td><td>90</td><td>91</td></tr> <tr><td>Jul-10</td><td>90</td><td>90</td></tr> <tr><td>Aug-10</td><td>90</td><td>88</td></tr> <tr><td>Sep-10</td><td>90</td><td>91</td></tr> <tr><td>Oct-10</td><td>90</td><td>90</td></tr> <tr><td>Nov-10</td><td>90</td><td>91</td></tr> <tr><td>Dec-10</td><td>90</td><td>86</td></tr> <tr><td>Jan-11</td><td>90</td><td>94.03</td></tr> </tbody> </table>	Month	Target (%)	Actual (%)	Feb-10	90	90	Mar-10	90	91	Apr-10	90	90	May-10	90	91	Jun-10	90	91	Jul-10	90	90	Aug-10	90	88	Sep-10	90	91	Oct-10	90	90	Nov-10	90	91	Dec-10	90	86	Jan-11	90	94.03		<table border="1"> <thead> <tr> <th>Target this Month</th> <th>Jan-11</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>90%</td> <td>94.03%</td> <td>4.03%</td> </tr> </tbody> </table>	Target this Month	Jan-11	Variance	90%	94.03%	4.03%																																
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<p>Analysis: The overall Trust position for theatre utilisation is above target for the month of January.</p>																																																																															
<p>Actions: Productive Theatre project continues during January and February, with audits taking place and regular meetings. There is an implementation team in place to oversee the opening of the new theatres.</p>																																																																															
4.2 Workforce																																																																															
4.2.1 Recruitment and Retention																																																																															
<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> <table border="1"> <caption>Vacancies - Trained Nursing Staff Data</caption> <thead> <tr> <th>Month</th> <th>Target (%)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr><td>Feb-10</td><td>2</td><td>4.5</td></tr> <tr><td>Mar-10</td><td>2</td><td>4.2</td></tr> <tr><td>Apr-10</td><td>2</td><td>5.2</td></tr> <tr><td>May-10</td><td>2</td><td>4.2</td></tr> <tr><td>Jun-10</td><td>2</td><td>1.2</td></tr> <tr><td>Jul-10</td><td>2</td><td>1.0</td></tr> <tr><td>Aug-10</td><td>2</td><td>3.2</td></tr> <tr><td>Sep-10</td><td>2</td><td>4.8</td></tr> <tr><td>Oct-10</td><td>2</td><td>2.2</td></tr> <tr><td>Nov-10</td><td>2</td><td>1.2</td></tr> <tr><td>Dec-10</td><td>2</td><td>2.2</td></tr> <tr><td>Jan-11</td><td>2</td><td>3.0</td></tr> </tbody> </table>	Month	Target (%)	Actual (%)	Feb-10	2	4.5	Mar-10	2	4.2	Apr-10	2	5.2	May-10	2	4.2	Jun-10	2	1.2	Jul-10	2	1.0	Aug-10	2	3.2	Sep-10	2	4.8	Oct-10	2	2.2	Nov-10	2	1.2	Dec-10	2	2.2	Jan-11	2	3.0	<p>Vacancies - Non Trained Nursing Staff</p> <table border="1"> <caption>Vacancies - Non Trained Nursing Staff Data</caption> <thead> <tr> <th>Month</th> <th>Target (%)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr><td>Feb-10</td><td>2</td><td>1.8</td></tr> <tr><td>Mar-10</td><td>2</td><td>1.8</td></tr> <tr><td>Apr-10</td><td>2</td><td>3.2</td></tr> <tr><td>May-10</td><td>2</td><td>4.2</td></tr> <tr><td>Jun-10</td><td>2</td><td>5.8</td></tr> <tr><td>Jul-10</td><td>2</td><td>4.8</td></tr> <tr><td>Aug-10</td><td>2</td><td>3.8</td></tr> <tr><td>Sep-10</td><td>2</td><td>4.2</td></tr> <tr><td>Oct-10</td><td>2</td><td>4.5</td></tr> <tr><td>Nov-10</td><td>2</td><td>3.8</td></tr> <tr><td>Dec-10</td><td>2</td><td>5.8</td></tr> <tr><td>Jan-11</td><td>2</td><td>1.8</td></tr> </tbody> </table>	Month	Target (%)	Actual (%)	Feb-10	2	1.8	Mar-10	2	1.8	Apr-10	2	3.2	May-10	2	4.2	Jun-10	2	5.8	Jul-10	2	4.8	Aug-10	2	3.8	Sep-10	2	4.2	Oct-10	2	4.5	Nov-10	2	3.8	Dec-10	2	5.8	Jan-11	2	1.8
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<p>Analysis: Trained nursing vacancies have increased slightly while non-trained vacancies being recruited to have decreased</p>																																																																															
<p>Actions: Ongoing generic recruitment to Band 5 nursing posts continues in order to recruit to vacancies</p>																																																																															

Vacancies - Medical Training Grades



Vacancies - Non Training Grades



Analysis: Non-training and training vacancies have remained quite constant. Vacancies continue in Medicine, Ophthalmology, Anaesthetics, Urology and Head & Neck

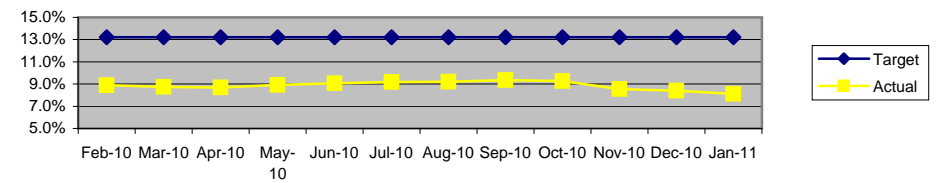
Actions: All vacant post are being advertised.

4.2.2 Turnover

L

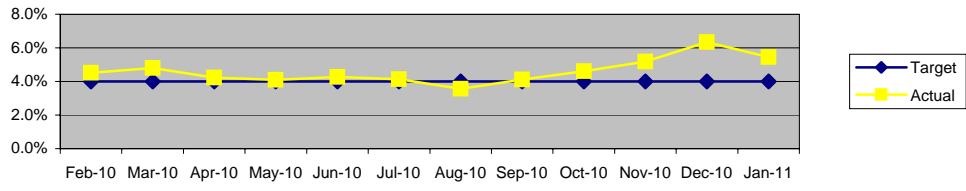
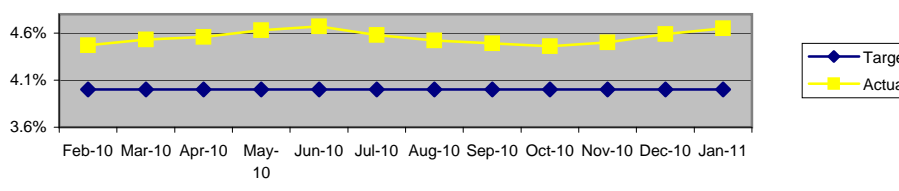
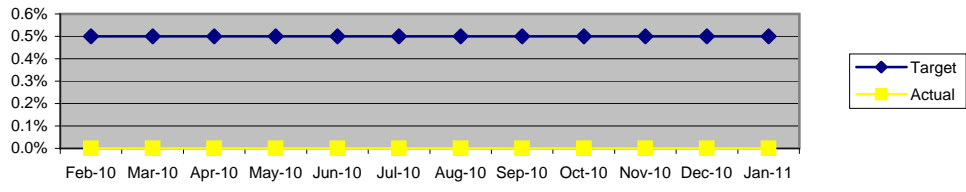
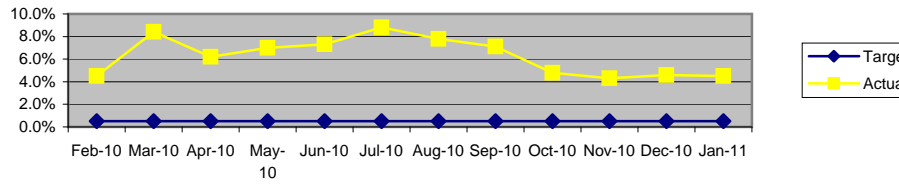
Figures from the Chartered Institute of Personnel and Development's Recruitment and Retention Survey 2008, indicated that the annual turnover rate in the UK is 17.3% and within the NHS has increased from 12.1% to 13.2%. The Trust internal target for last year was 11.5% but given the change in the national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

Target	Jan-11	Variance
13.20%	8.10%	5.10%



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

Actions

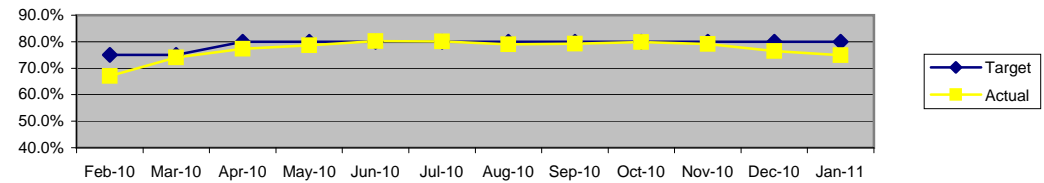
4.2.3 Sickness Absence	L																																																																																	
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<p>Analysis: Sickness absence for the month of January decreased by 0.9% from 6.35% in December to 5.45% in January. Figures also show a 0.25% increase when compared to the same period in 2010. The month on month comparison (December 2010 vs January 2011) identifies a significant decrease in total hours lost due to viral illness and influenza; influenza (-96%) and viral illness (-92%). 56.8% of sickness was attributable to long term sickness, 22% of which was due to mental health conditions and musculo-skeletal disorders. The main reasons for short term sickness were viral illness and musculo-skeletal disorders, which accounted for 50.5% of short term 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; there resumed in January 2011.</p>																																																																																		
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<p>Analysis: There has been no agency expenditure for nursing staff during January. In terms of medical agency there has been a slight decrease in month of 0.1% from 4.6% in December to 4.5% in January. Division One has seen a decrease in month from £67K in December to £65K in January. Agency expenditure in Head & Neck continues to be high due to the use of NHS Locum's covering a Consultant post and 2 junior doctor posts, Ophthalmology agency expenditure is high due to the use of NHS Locum's covering Trust Fellow and Staff Grade posts Division Two saw a decrease in month from £144K in December to £140K in January. 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 due to 2 Consultant vacancies.</p>																																																																																		
<p>Actions: As above</p>																																																																																		
Compliance with European Working time Regulations																																																																																		
<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

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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.

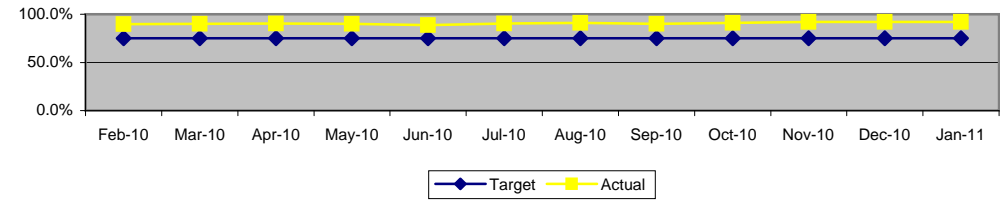
Target	Jan-11	Variance
80.00%	74.90%	5.10%



Analysis: January's position has seen a slight deterioration from that reported in December, therefore, the overall Trust position remains below the target set for 2010/2011. There are 10 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 (133)** **Division 2 - Management Team (16)** **Estates and Facilities - Catering (69), Industrial Services (6)** **Corporate - Director of Finance (61), ICT & Health Records (148), Director of Estates and Development (13), Director of Human Resources (23), Medical Director (25), Trust Management Team (10)**

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

Target	Jan-11	Variance
75.00%	92.00%	17.00%

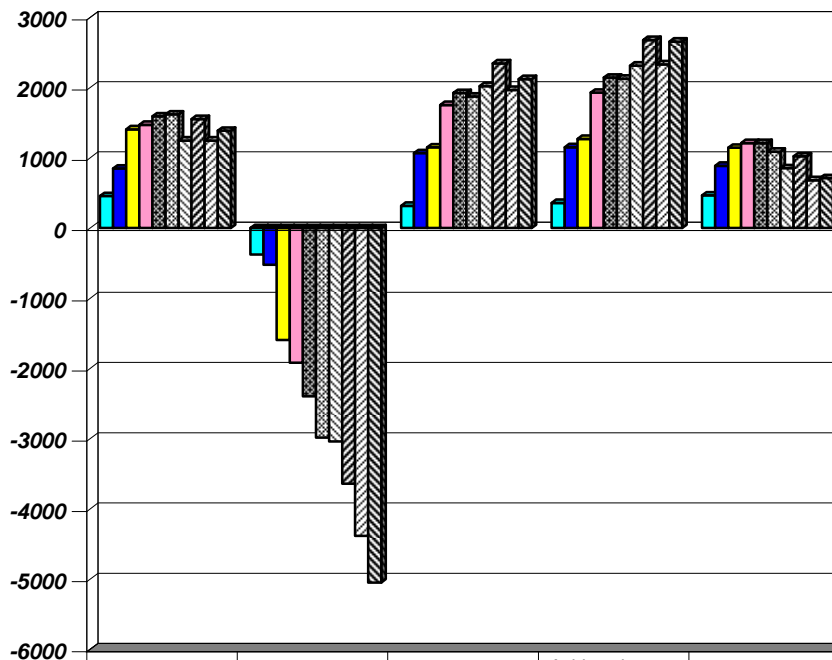


Analysis: Static position from last month at 92%, remaining well above target. Three areas with departments showing <65% compliance i.e. 'red' performance are **Fire Safety (Governance & Legal Services, Director of Estates Development & Mechanical Services)** **Hand Hygiene (Research & Development, Director of Estates Development, Dermatology, Staff Accommodation & Mechanical Services)** **Safeguarding Children (Director of Estates Development)**

Actions:

- 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 ten



	<i>Income variance vs. Plan</i>	<i>Expenditure variance vs. Plan</i>	<i>EBITDA is in line with plan</i>	<i>Achieve income and expenditure net surplus</i>	<i>SLA income against plan</i>
■ Apr-10	455	-378	316	358	465
■ May-10	848	-523	1066	1150	887
■ Jun-10	1406	-1595	1149	1269	1144
■ Jul-10	1471	-1916	1752	1927	1211
■ Aug-10	1590	-2396	1923	2141	1210
■ Sep-10	1618	-2983	1873	2126	1086
■ Oct-10	1246	-3040	2021	2314	852
■ Nov-10	1552	-3641	2346	2678	1020
■ Dec-10	1246	-4386	1967	2330	681
■ Jan-11	1385	-5049	2122	2656	710

5.6 Delivery of Cost Improvement Programme			5.7 Actual Performance against contract					
		December - Q3	January		Plan	Actual	Var.	
	2010/11 Total	£10,631	£10,631		Emergency In-patients	37,489	37,977	488
	Quarter 4	£8,505	£10,631		Elective In-patients	8,866	7,936	-930
	Current	£8,564	£8,918		New Out-patients	73,075	78,951	5876
	Variance against Q3 plan	£59	-£1,713		All Out-patients	165,173	187,303	22130
<p>The table above shows year to date actual delivery of CIP against plan for Quarter 4. This equates to 83.9% removed from budgets against a plan of 100% for quarter 4</p>				<p>The table above shows year to date actual performance against cumulative plan</p>				

6.1 Capital programme is delivered to CRL			
			Analysis: Total forecasted annual is £146K under plan (-0.8%)
	Annual Plan	Year End Forecast	Variance
	£18,035,000	£17,888,576	-£146,424

6.2 Capital spend is managed within plan			
			Analysis: Cumulative spend is £2,298K under plan (-15.6%)
	Cumulative Plan	Cumulative Actual	Variance
	£14,766,503	£12,468,276	-£2,298,227

7)	Better Care, Better Value	L
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The NHS Institute for Innovation and Improvement supports the NHS to transform healthcare for patients and the public by rapidly developing and spreading new ways of working, new technology and world class leadership. With a mantra of "Effective healthcare is efficient healthcare" the institute states that the NHS must demonstrate that it is making the most effective use it can of public money to deliver quality healthcare. Their website is designed to help local NHS organisations do this. It is based around 15 high-level indicators of efficiency that identify potential areas for improvement in efficiency. The indicators, primarily aimed at Commissioners (PCTs) and Acute Hospital Providers (AHTs) were published for the first time in October 2006 and are updated and republished every quarter thereafter.

Comparison with other Trusts - The table below shows RWHT ranking out of 168 Trusts that are currently reported in Better Care, Better Value indicators

Comparison with Trusts in the West Midlands - The table below shows RWHT ranking against 12 other Trusts in the West Midlands with a similar portfolio. i.e. single specialty and very small organisations have been excluded

	Quarter 1 - 2010/11		Quarter 2 - 2010/11	
LOS	18th	Positive	16th	Positive
Pre-Op (Elective)	80th	Negative	69th	Positive
DNA	117th	Negative	115th	Positive
New to Review	127th	Positive	109th	Positive

	Quarter 1 - 2010/11		Quarter 2 - 2010/11	
LOS	1st	Static	1st	Static
Pre-Op (Elective)	5th	Negative	3rd	Positive
DNA	10th	Negative	9th	Positive
New to Review	10th	Static	9th	Positive