

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

REPORT TO: Trust Board - 18 April 2011

REPORT OF: Chief Operating Officer

SUBJECT: Operational Performance

AUTHOR: Performance Manager

RECOMMENDATION:

The Trust Board is asked to

NOTE:

- The Performance Report (February 2011)

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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 February is at 15, above 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 February. We continue to maintain a focus on delivering against cancer targets with Divisional Manager lead specialty specific meetings 3 times per week and breach review meeting once per week.

Contract Queries - Two received in February - 1) Query regarding the large number of Complex Echocardiogram outpatient procedures conducted by RWHT compared with other regional hospitals. RWHT response was as follows:- The Cardiothoracic Directorate as a Specialist Centre provides an interventional cardiology service and cardiac surgery service for the Black Country and beyond with a catchment of over one million. Many Trusts do not provide this service. The Directorate began this service in September 2009 and lists have increased from one to two per week and on occasions this has increased to three per week in order to meet demand. 2) Incidence of repeat attendances in PAU. RWHT response provided an explanation for those repeat attendances. Since April 2010, 255 non-elective patients were re-admitted to PAU within 2 days as per our 48 hour open access for conditions such as febrile illness which is not improving and gastroenteritis when the child is unable to tolerate fluids at home. There are many long term/complex conditions that enable children to have open access to our services (Oncology, Diabetes, Cystic Fibrosis, etc). RWHT have agreed to conduct a detailed review and take into consideration all aspects of service delivery within PAU, including repeat attendances.

1.1 Foundation Trust - Compliance Framework

Performance Indicator	Threshold	Weighting	Quarter 3				Jan-11				Feb-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	17	26.4	9.4	0.0	6	8.8	2.8	0.0	11	8.8	-2.2	1 **
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	153	186.5	82.04%	1.0	63.5	70	90.71%	0.0	53	61.5	86.18%	0.0
62 day wait for first treatment from consultant screening service referral - all cancers	90%		37	40	92.50%		8	8	100.00%		5	5	100.00%	
31 day wait for second or subsequent treatment surgery	94%	1.0	105	107	98.13%	0.0	42	44	95.45%	0.0	41	43	95.35%	0.0
31 day wait for second or subsequent treatment - anti cancer drug treatments	98%		196	196	100.00%		60	60	100.00%		67	67	100.00%	
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	95%	0.5	37270	37710	98.83%	0.0	10819	10939	98.90%	0.0	11262	11333	99.37%	0.0
31 day wait from diagnosis to first treatment - all cancers	96%	0.5	502	505	99.41%	0.0	160	165	96.97%	0.0	172	176	97.73%	0.0
Two week wait from referral to date first seen - all cancers	93%	0.5	1417	1456	97.32%	0.0	460	472	97.46%	0.0	466	476	97.90%	0.0
Two week wait from referral - symptomatic breast	93%		385	390	98.72%		107	111	96.40%		124	124	100.00%	
Screening all elective in-patients for MRSA	-	0.5	19778	12880	153.56%	0.0	7021	4359	161.07%	0.0	6305	4054	155.53%	0.0
CQC Registration (without condition)	-	0.4				0.0				0.0				0.0

Total

1

Total

0

Total

0

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

** C Difficile is monitored as an annual target

2) PATIENT SAFETY

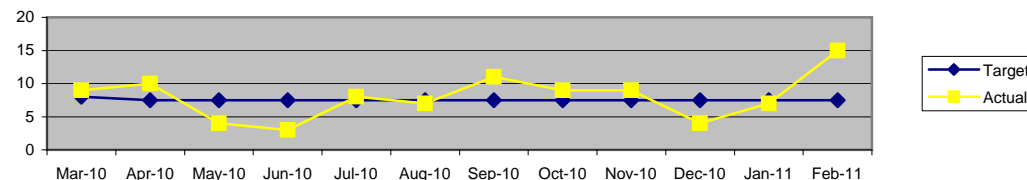
2.1 Healthcare Acquired Infections (HAIs)

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	82.5	87	4.5	94.9

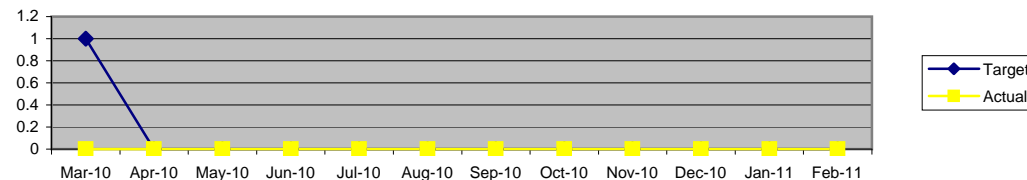


Analysis: Change in detection method - new method much more sensitive. Two wards had 2 cases and one ward had 3 cases during February

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



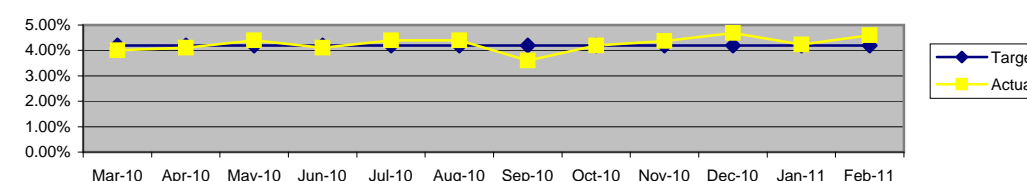
Analysis: This is the nineteenth consecutive month without an MRSA Bacteraemia

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	Dec-10	Jan-11	Feb-11	Current Month Variance
4.19%	4.68%	4.23%	4.60%	-0.41%



Analysis: Percentage of emergency re-admissions within 14 days has shown a slight decrease from the January position, it still remains slightly above target by 0.41%

Actions:

3) PATIENT EXPERIENCE

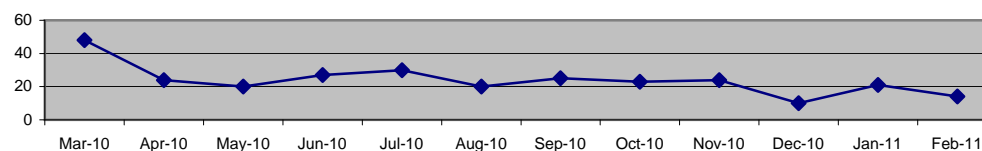
3.1 Formal complaints

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
Feb-11	238	2009/10	2010/11
14	238	379	260



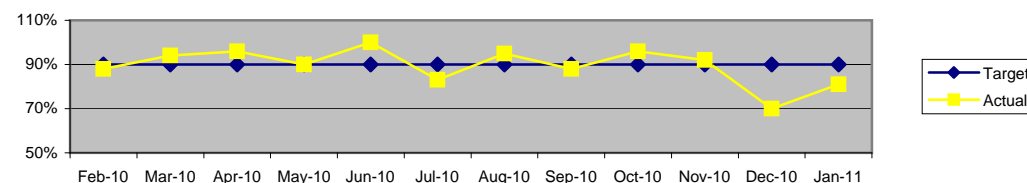
3.2 Complaints resolved within 25 days

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	Nov-10 Validated	Dec-10 Validated	Jan-11 Validated
90%	92%	70%	81%



Analysis: 21 complaints were received in January, 9 of which were responded to within 25 working days. 8 complaints took longer than 25 working days 4 of which had obtained consent to breach (1 EAU and 3 A&E). 4 complaints did not have consent to breach (1 A&E, 1 EAU, 1 Cardiology and 1 General Surgery). 4 complaints remain open all of which have consent to breach (2 A&E, 1 Women & Children's and 1 Care of the Elderly). These are due to the complexity of the cases and the number of people involved in the responses.

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	Jan-11	Variance	Feb-11	Variance
Varicose	81%	52%	-29%	46%	-35%
Groin Hernia	76%	67%	-9%	82%	6%

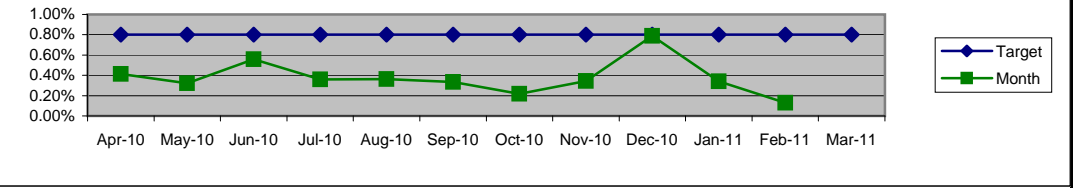
Procedure	Target	Jan-11	Variance	Feb-11	Variance
Hip	72%	72%	0%	40%	-32%
Knee	75%	77%	2%	48%	-27%

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

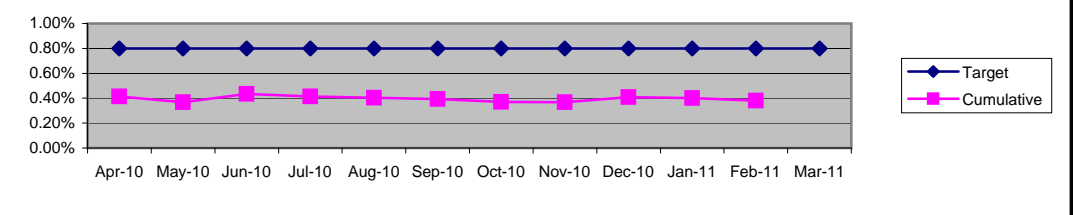
3.4 Short Notice Cancellation of Operations CQC E L

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	Feb-11 Actual	Jan-11 Actual	Dec-10 Actual
0.80%	0.13%	0.34%	0.79%



Cumulative	Feb-11	Jan-11	Dec-10
Cancellations	266	258	236
Elec Procedures	69803	63777	57381
Cumulative %	0.38%	0.40%	0.41%



Analysis:

	Anaes not available	Kit not Available	Ran out of Theatre	More Urgent Case(s)	No Beds	Cons not avail or ill	No ITU/HDU Bed	Total
Urology								0
Gen Surg			5					5
Cardiac								0
Gynae			2					2
Ortho		1						1
Cardiology								0
H&N								0
Ophth								0
Total	0	1	7	0	0	0	0	8

Actions: 8 operations were cancelled during February, this an improvement from 22 in January. 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. 7 cases were cancelled due to running out of theatre time, this was mainly due to unforeseen circumstances on patients who were earlier on the operating lists.

4) EFFICIENCY AND EFFECTIVENESS

4.1 Service Delivery

4.1.1 18 week Referral to Treatment (RTT)

CQC N

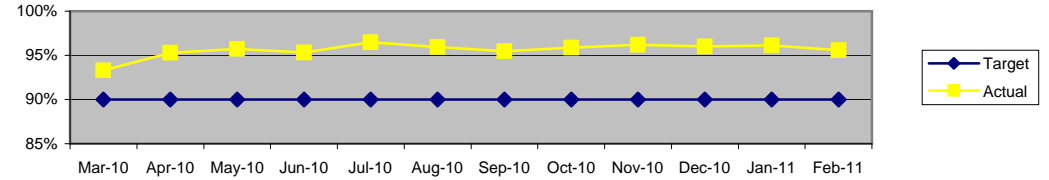
PCT

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

Admitted

Target	Feb-11
90%	95.58%



Analysis:-

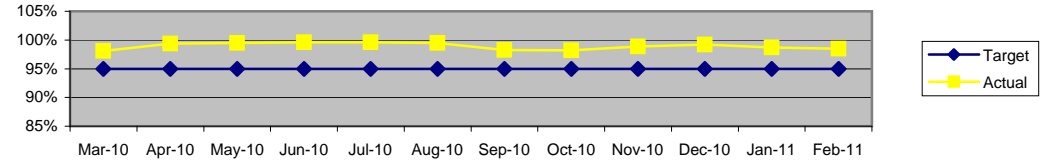
Specialty:
Specialty:

Comments

All specialties achieved the target in February

Non-Admitted

Target	Feb-11
95%	98.46%



Analysis:-

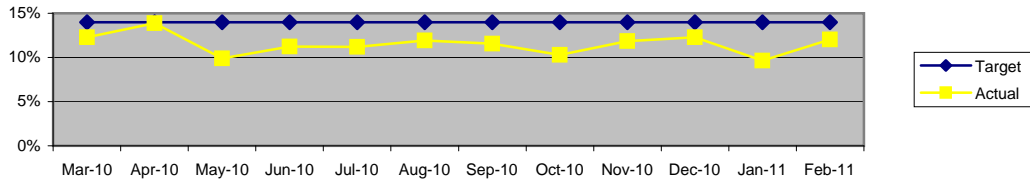
Specialty:
Specialty:

Comments

All specialties achieved the target in February

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>Feb-11</th> <th>Variance</th> <th>Cumulative</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>Internal</td> <td>98%</td> <td>99.03%</td> <td>1.03%</td> <td>98.58%</td> <td>0.58%</td> </tr> <tr> <td>Overall</td> <td>98%</td> <td>99.37%</td> <td>1.37%</td> <td>99.10%</td> <td>1.10%</td> </tr> </tbody> </table>		Target	Feb-11	Variance	Cumulative	Variance	Internal	98%	99.03%	1.03%	98.58%	0.58%	Overall	98%	99.37%	1.37%	99.10%	1.10%					
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Overall	98%	99.37%	1.37%	99.10%	1.10%																			
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.																								
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 81.2% - this is an improvement of 3.5% from the one reported in January (77.7%)																					
	In order to monitor the reduction of health inequalities related to ethnic diversity, it is essential that data quality on ethnic group is >= 95%	94.49%	This is a slight improvement of 0.16% from the position reported in January of 94.33%. 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.	110	This is a deterioration from the January position of 87. A number of patient were on wards that were closed for infection prevention and therefore could not be moved to step down beds. There were also a number of Nursing Home closures due to Infection Prevention.																					

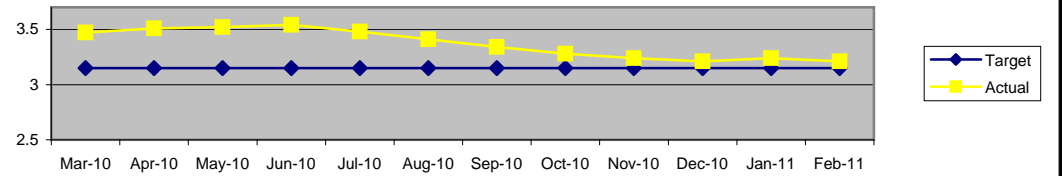
Existing Commitments & National Priorities - Continued		
No patient will wait longer than 26 weeks for in-patient care	0	
No patient will wait longer than 13 weeks for out-patient consultation	0	
No patients will wait longer than three months (13 weeks) for revascularisation	0	
2 week waiting time for Rapid Access Chest Pain Clinic	100.00%	
62 days from urgent GP referrals to first definitive cancer treatment: All Cancers (85%)	86.18%	11 breaches - 3 complex pathways, 3 patient initiated, 3 tertiary referrals received at 51days or more, 2 capacity issues (these 2 patients had to be admitted as inpatients following failed outpatient attempts)
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%)	88.73%	
31 day (diagnosis to Treatment) Wait for First Treatment - All Cancers (96%)	97.73%	
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%)	95.35%	
31 day wait for second or subsequent treatment: Radiotherapy Treatments (94%)	98.29%	
All Cancer Two week Wait (93%)	97.90%	
Two week wait for symptomatic breast patients (cancer not initially suspected) (shadow monitoring until Dec 09) - (93%)	100.00%	
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>Feb-11</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>14%</td> <td>12.04%</td> <td>1.96%</td> </tr> </tbody> </table>	Target per Month	Feb-11	Variance	14%	12.04%	1.96%	 <table border="1" data-bbox="1142 255 2168 438"> <caption>Pre-Op Length of Stay - Actual vs Target</caption> <thead> <tr> <th>Month</th> <th>Target (%)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr><td>Mar-10</td><td>14.0</td><td>12.5</td></tr> <tr><td>Apr-10</td><td>14.0</td><td>14.0</td></tr> <tr><td>May-10</td><td>14.0</td><td>10.0</td></tr> <tr><td>Jun-10</td><td>14.0</td><td>11.0</td></tr> <tr><td>Jul-10</td><td>14.0</td><td>11.0</td></tr> <tr><td>Aug-10</td><td>14.0</td><td>12.0</td></tr> <tr><td>Sep-10</td><td>14.0</td><td>11.5</td></tr> <tr><td>Oct-10</td><td>14.0</td><td>10.5</td></tr> <tr><td>Nov-10</td><td>14.0</td><td>12.0</td></tr> <tr><td>Dec-10</td><td>14.0</td><td>12.5</td></tr> <tr><td>Jan-11</td><td>14.0</td><td>10.0</td></tr> <tr><td>Feb-11</td><td>14.0</td><td>12.0</td></tr> </tbody> </table>					Month	Target (%)	Actual (%)	Mar-10	14.0	12.5	Apr-10	14.0	14.0	May-10	14.0	10.0	Jun-10	14.0	11.0	Jul-10	14.0	11.0	Aug-10	14.0	12.0	Sep-10	14.0	11.5	Oct-10	14.0	10.5	Nov-10	14.0	12.0	Dec-10	14.0	12.5	Jan-11	14.0	10.0	Feb-11	14.0	12.0
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<p>Analysis: Percentage of bed days spent pre-operatively continues to remain below target</p>																																																		
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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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Nov-10	3.06	3.35																																																
Dec-10	3.06	3.3																																																
Jan-11	3.06	3.35																																																
Feb-11	3.06	3.3																																																
<p>Analysis: This is a slight improvement from the position reported in January of 3.33%, remaining above target by 0.22%</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	Feb-11	Variance
3.15	3.21	-0.06



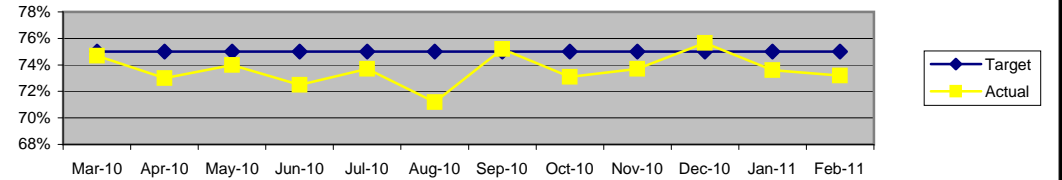
Analysis: Static position from the one reported in January (3.24%), remaining slightly above target by 0.06%

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

4.1.5 Day Case Rates L BCBV

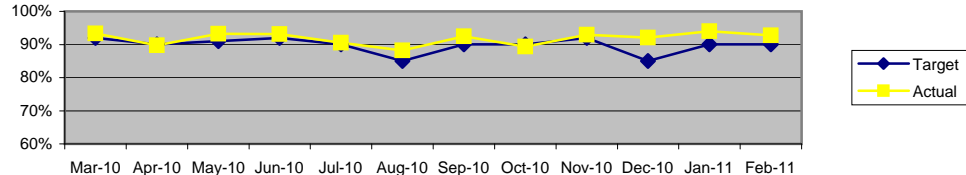
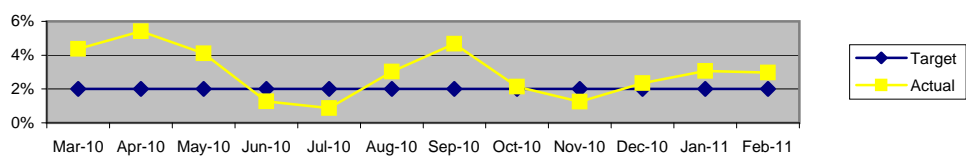
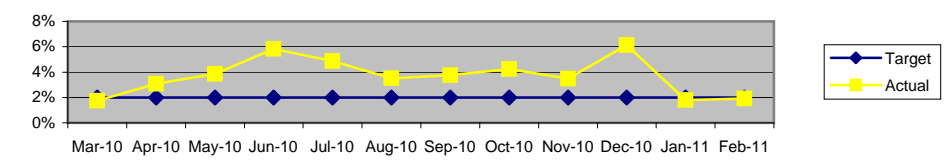
The calculation of performance is based on our position against benchmarks set by the British Association of Day Surgery (BADS)

Target per Month	Feb-11	Variance
75%	73.20%	-1.80%

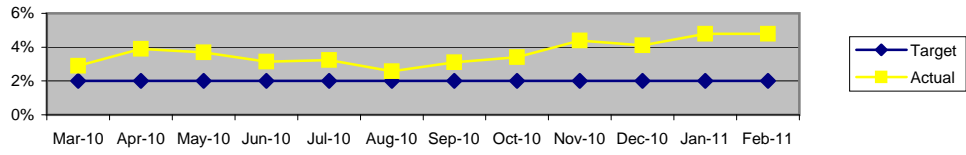


Analysis: This is a slight deterioration from the position that was reported in January (73.6%) by 0.4%.

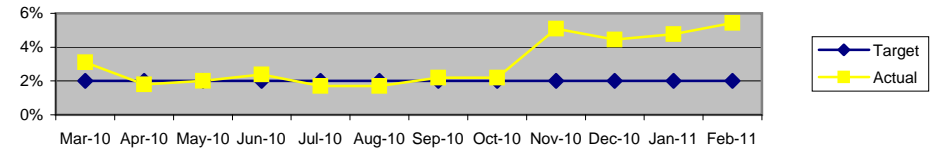
Actions: We are continuing to look at any specialties that are significantly below expectation and looking at any co-morbidities that prevent treatment as a daycase.

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>Feb-11</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>90%</td> <td>92.75%</td> <td>2.75%</td> </tr> </tbody> </table>	Target this Month	Feb-11	Variance	90%	92.75%	2.75%				
Target this Month	Feb-11	Variance								
90%	92.75%	2.75%								
<p>Analysis: The overall Trust position for theatre utilisation is above target for the month of February.</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> 		<p>Vacancies - Non Trained Nursing Staff</p> 								
<p>Analysis: Both trained and untrained nursing vacancies have decreased slightly</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 vacancies have increased while training vacancies have remained constant. Vacancies continue in Medicine, Ophthalmology, Anaesthetics, Urology and Head & Neck

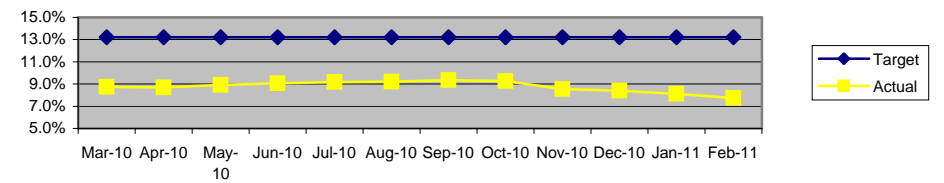
Actions: All vacant post are being advertised.

4.2.2 Turnover

L

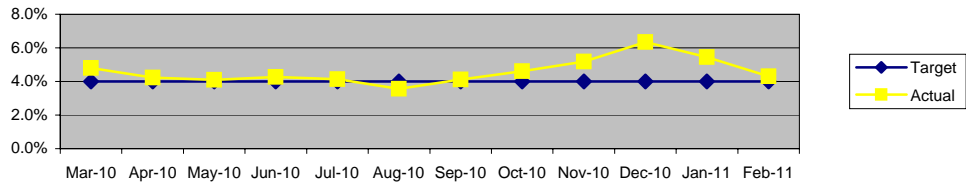
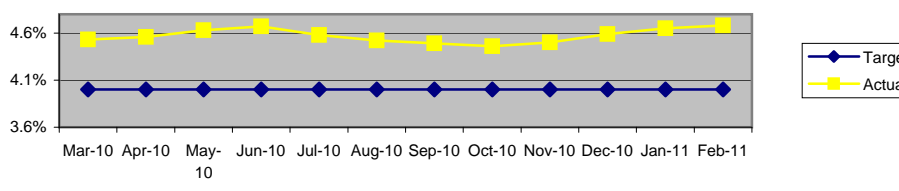
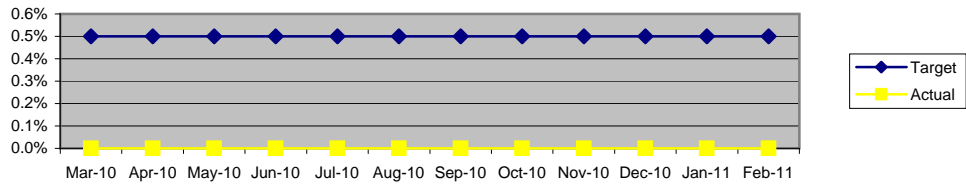
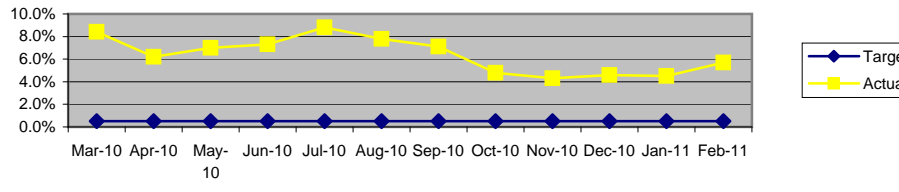
Figures from the Chartered Institute of Personnel and Development's Recruitment and Retention Survey 2008, indicated that the annual turnover rate in the UK is 17.3% and within the NHS has increased from 12.1% to 13.2%. The Trust internal target for last year was 11.5% but given the change in the national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

Target	Feb-11	Variance
13.20%	7.73%	5.47%



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			
In Month Actual - The Trust target is 4%	Moving Annual Average - The Trust target is 4%			
				
<p>Analysis: Sickness absence for the month of February decreased by just over 1% from 5.45% in January to 4.42% in February. Figures also show a 0.10% decrease when compared to the same period in 2010. The month on month comparison (January 2011 vs February 2011) identifies a significant reduction in total hours lost due to viral illness and influenza 46% reduction. 65% of sickness was attributable to long term sickness, 28% of which was due to mental health conditions and musculo-skeletal disorders. The main reasons for short term sickness were viral illness and diarrhoea and vomiting, which accounted for 36% of short term hours lost.</p>				
<p>Actions: Sickness absence workshops continue within many areas across the Trust.</p>				
4.2.4 Temporary Staffing	L			
Temporary Nursing Staff (cumulative spend)	Temporary Medical Staff (cumulative spend)			
				
<p>Analysis: There has been no agency expenditure for nursing staff during February. In terms of medical agency there has been an increase in month of 1.2% from 4.5% in January to 5.7% in February. Division One has seen an increase in month from £65K in January to £85K in February. 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 also remains high due to the use of NHS Locum's covering Trust Fellow and Staff Grade posts. Division Two saw an increase in month from £140K in January to £168K in February. 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 vacancies.</p>				
<p>Actions: As above</p>				
<p>Compliance with European Working time Regulations</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>				

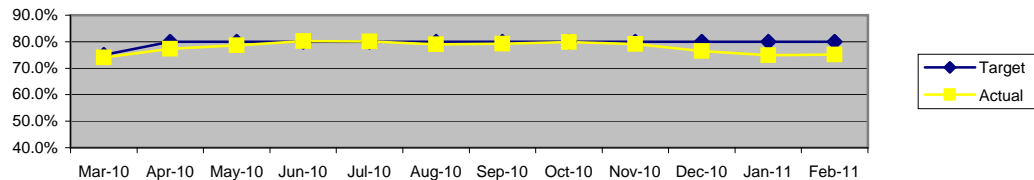
4.2.6 Education and Training

L

NHS C

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.

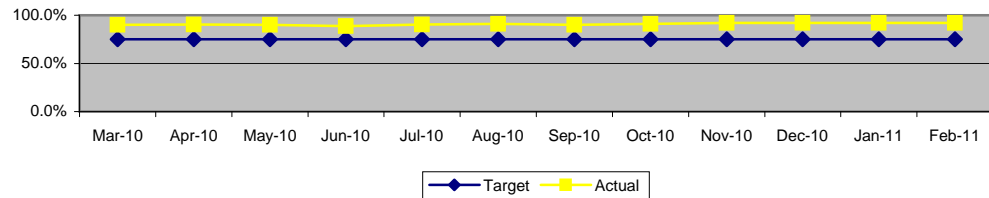
Target	Feb-11	Variance
80.00%	75.20%	4.80%



Analysis: February's position has seen a slight improvement from that reported in January, however, the overall Trust position remains below the target set for 2010/2011. There are 11 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 (142)** **Division 2 - GU Medicine (7), Divisional Management/Governance (15)** **Estates and Facilities - Catering (69), Industrial Services (6)** **Corporate - Director of Finance (57), ICT & Health Records (120), Director of Estates and Development (13), Director of Human Resources (22), Medical Director (26), Trust Management Team (8)**

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	Feb-11	Variance
75.00%	91.88%	16.88%



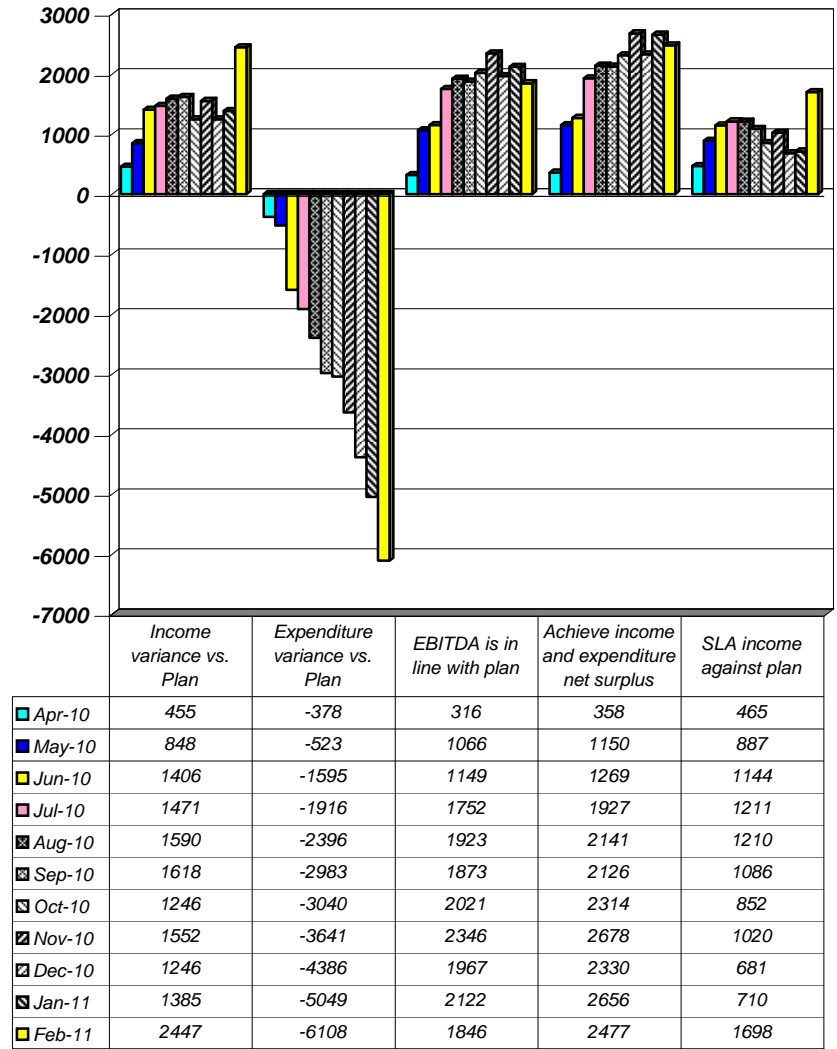
Analysis: Very slight deterioration from last month from 92% in January to 91.88% in February, remaining well above target. Three areas with departments showing <65% compliance i.e. 'red' performance are **Fire Safety** (Research & Development, Director of Estates Development & Mechanical Services) **Hand Hygiene** (Research & Development, Director of Estates Development, Dermatology, Staff Accommodation, Transport & Mechanical Services) **Safeguarding Children** (Director of Estates Development & Transport)

Actions:

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 eleven



5.6 Delivery of Cost Improvement Programme			5.7 Actual Performance against contract			
	January	February	Plan	Actual	Var.	
2010/11 Total	£10,631	£10,631	Emergency In-patients	40,926	41,586	660
Quarter 4	£10,631	£10,631	Elective In-patients	9,712	8,682	-1030
Current	£8,918	£9,331	New Out-patients	80,035	86,564	6529
Variance against Q3 plan	-£1,713	-£1,300	All Out-patients	180,904	205,916	25012
The table above shows year to date actual delivery of CIP against plan for Quarter 4. This equates to 87.8% removed from budgets against a plan of 100% for quarter 4			The table above shows year to date actual performance against cumulative plan			

6) ENVIRONMENT

6.1 Capital programme is delivered to CRL									
<table border="1"> <thead> <tr> <th>Annual Plan</th> <th>Year End Forecast</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>£18,035,000</td> <td>£18,046,143</td> <td>£11,143</td> </tr> </tbody> </table>			Annual Plan	Year End Forecast	Variance	£18,035,000	£18,046,143	£11,143	Analysis: Total forecasted annual is £11K over plan (0.06% overspend)
Annual Plan	Year End Forecast	Variance							
£18,035,000	£18,046,143	£11,143							

6.2 Capital spend is managed within plan									
<table border="1"> <thead> <tr> <th>Cumulative Plan</th> <th>Cumulative Actual</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>£16,129,041</td> <td>£15,470,263</td> <td>-£658,778</td> </tr> </tbody> </table>			Cumulative Plan	Cumulative Actual	Variance	£16,129,041	£15,470,263	-£658,778	Analysis: Cumulative spend is £659K under plan (-4% under spend)
Cumulative Plan	Cumulative Actual	Variance							
£16,129,041	£15,470,263	-£658,778							