

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

REPORT TO: Trust Board - 23rd May 2011

REPORT OF: Chief Operating Officer

SUBJECT: Operational Performance

AUTHOR: Performance Manager

RECOMMENDATION:

The Trust Board is asked to

NOTE:

- The Performance Report (April 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

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 April is at 11, above the target of 4.75 for the month. We continue our excellent performance in relation to MRSA Bacteraemia.

Cancer - We were compliant with all Cancer Targets for the month of April. We continue to maintain a focus on delivering against cancer targets with Divisional Manager led specialty specific meetings weekly.

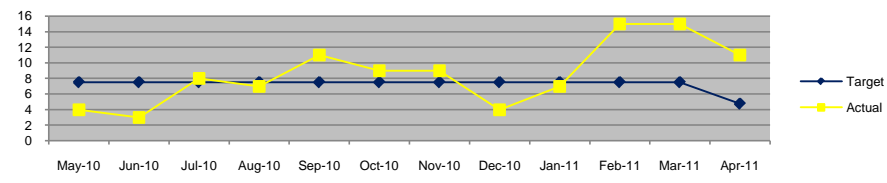
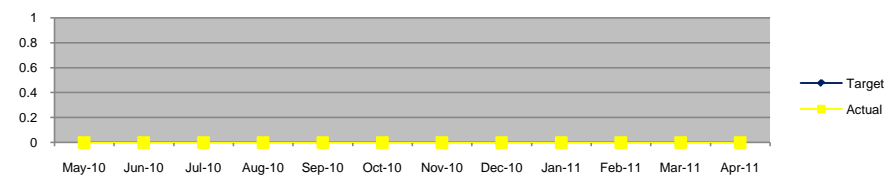
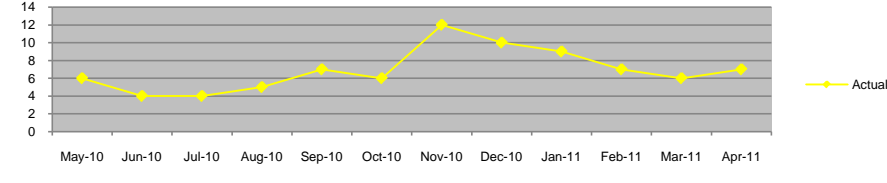
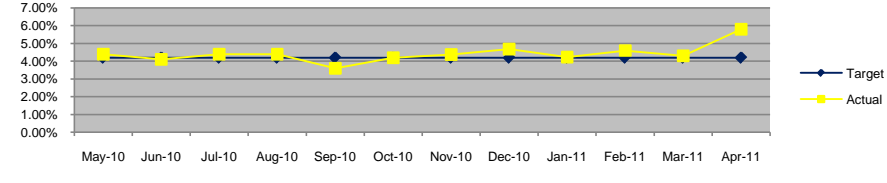
Performance Reports - In addition to this report for RWHT (Part A), we have now included an additional report (Part B) which currently covers Community Services. These reports will be merged into one report with effect from 1st July 2011.

Contract Queries - There were no contract queries during the month of April 2011.

1.1 Foundation Trust - Compliance Framework

Performance Indicator	Threshold	Weighting	Mar-11				Quarter 4				Apr-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	11	8.8	-2.2	1.0	29	26.4	-2.6	1.0	11	4.75	-6.25	1.0
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	85%	1.0	53	61.5	86.18%	0.0	172	197	87.31%	0.0	51	56.5	90.27%	0.0
62 day wait for first treatment - from consultant screening service referral	90%		5	5	100.00%		17.5	17.5	100.00%		5	5.5	90.91%	
62 day wait for first treatment - Consultant Upgrades	85%		N/A	N/A		N/A	N/A	N/A		N/A	31	31	100.00%	
31 day wait for second or subsequent treatment - surgery	94%	1.0	41	43	95.35%	0.0	127	132	96.21%	0.0	35	35	100.00%	0.0
31 day wait for second or subsequent treatment - anti cancer drug treatments	98%		67	67	100.00%		205	205	100.00%		57	57	100.00%	
31 day wait for second or subsequent treatment - radiotherapy	94%		N/A	N/A		N/A	N/A	N/A		N/A	117	119	98.32%	
31 day wait from diagnosis to first treatment - all cancers	96%	0.5	172	176	97.73%	0.0	526	536	98.13%	0.0	154	156	98.72%	0.0
Two week wait from referral to date first seen - all cancers	93%	0.5	466	476	97.90%	0.0	1495	1529	97.78%	0.0	516	539	95.73%	0.0
Two week wait from referral - symptomatic breast	93%		124	124	100.00%		373	382	97.64%		155	166	93.37%	
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	95%	1.0	11262	11333	99.37%	0.0	36871	37251	98.98%	0.0	12150	12270	99.02%	0.0
Patient experience - Learning Disabilities	-	0.5	N/A	N/A		N/A	N/A	N/A		N/A				
Referral to treatment waiting times - non-admitted - 18.3 weeks	95%	1.0	N/A	N/A		N/A	N/A		N/A				11.7	0.0
Referral to treatment waiting times - admitted - 23 weeks	95%	1.0	N/A	N/A		N/A	N/A		N/A				18	0.0
Screening all elective in-patients for MRSA	-	0.5	6305	4054	155.53%	0.0	20395	13176	154.79%	0.0	5909	3919	150.78%	0.0

Total
1
Total
1
Total
1

2.1	Healthcare Acquired Infections (HCAs)																			
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 57 per annum for 2011/12 which equates to 4.75 per month. In respect of MRSA Bacteraemia, the target is 1 for the year and for the purposes of monthly reporting the target will be zero. E Coli is a new target for 2011/12 we are currently doing Mandatory Surveillance for Q1 in order to determined a target.																				
2.1.1	Clostridium Difficile - hospital acquired for ages >2 years					CQC N	PCT	SHA	L	M										
<table border="1" data-bbox="291 271 891 399"> <thead> <tr> <th>Number of C Diff Cases</th> <th>Cum Plan</th> <th>Cum Actual</th> <th>Cum Variance</th> <th>Year End Forecast</th> </tr> </thead> <tbody> <tr> <td>57</td> <td>4.75</td> <td>11</td> <td>6.25</td> <td>132</td> </tr> </tbody> </table>					Number of C Diff Cases	Cum Plan	Cum Actual	Cum Variance	Year End Forecast	57	4.75	11	6.25	132						
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57	4.75	11	6.25	132																
Analysis: Change in detection method - new method much more sensitive.																				
2.1.2	MRSA Bacteraemia					CQC N	PCT	SHA	L	M										
<table border="1" data-bbox="291 555 891 683"> <thead> <tr> <th>Number of MRSA Cases</th> <th>Cum Plan</th> <th>Cum Actual</th> <th>Cum Variance</th> <th>Year End Forecast</th> </tr> </thead> <tbody> <tr> <td>1</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	Year End Forecast	1	0	0	0	0						
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1	0	0	0	0																
Analysis: This is the twenty second consecutive month without an MRSA Bacteraemia																				
2.1.3	E. Coli Bloodstream						PCT	SHA												
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Analysis: Mandatory surveillance in Quarter 1 (baseline data already recorded as indicated in graph above)																				
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 30 days (new target for 2011/12) as a percentage of all discharges																				
<table border="1" data-bbox="291 1193 891 1321"> <thead> <tr> <th>Target</th> <th>Feb-11</th> <th>Mar-11</th> <th>Apr-11</th> <th>Current Month Variance</th> </tr> </thead> <tbody> <tr> <td>4.19%</td> <td>4.60%</td> <td>4.30%</td> <td>5.80%</td> <td>-1.61%</td> </tr> </tbody> </table>					Target	Feb-11	Mar-11	Apr-11	Current Month Variance	4.19%	4.60%	4.30%	5.80%	-1.61%						
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4.19%	4.60%	4.30%	5.80%	-1.61%																
Analysis: Percentage of emergency re-admissions within 30 days has shown an increase from the March position, it remains above target by 1.61%. The Trust is working with Commissioners to determine the contracting framework following which the target will be amended to reflect the contractual requirements.																				
Actions:																				

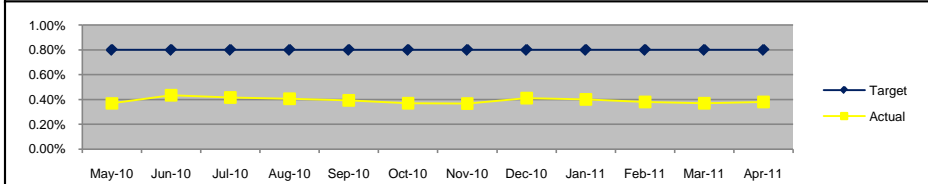
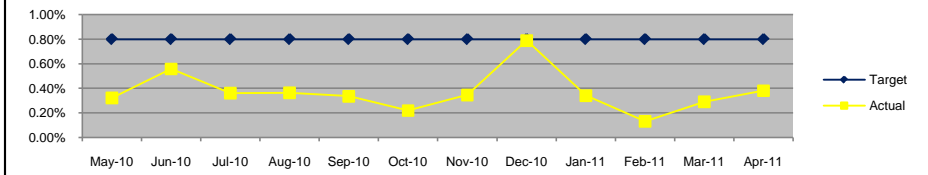
3.1	Formal complaints	L	NHS C																													
<p>The following indicates the number of formal complaints received during the month. There is no target in relation to the number of complaints received as the Trust welcomes all feedback as this helps us to continually improve the services we provide.</p>																																
<table border="1"> <thead> <tr> <th>Current Month April 2011</th> <th>Cum Actual</th> <th>Year End Actual 2010/11</th> <th>Year End Forecast 2011/12</th> </tr> </thead> <tbody> <tr> <td>24</td> <td>24</td> <td>272</td> <td>288</td> </tr> </tbody> </table>				Current Month April 2011	Cum Actual	Year End Actual 2010/11	Year End Forecast 2011/12	24	24	272	288																					
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3.2	Complaints resolved within 25 days	L	NHS C																													
<p>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.</p>																																
<table border="1"> <thead> <tr> <th>Target</th> <th>Jan-11 Validated</th> <th>Feb-11 Validated</th> <th>Mar-11 Validated</th> </tr> </thead> <tbody> <tr> <td>90%</td> <td>81%</td> <td>79%</td> <td>67%</td> </tr> </tbody> </table>				Target	Jan-11 Validated	Feb-11 Validated	Mar-11 Validated	90%	81%	79%	67%																					
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<p>Analysis: 34 complaints were received in March, 11 of which were responded to within 25 working days. 15 complaints took longer than 25 working days 5 of which had obtained consent to breach (1 Elderly Medicine, 1 Diabetes, 1 Ophthalmology, 1 General Surgery and 1 Renal). 10 complaints did not have consent to breach (4 Women's and Children's, 1 A&E, 1 Oncology, 1 Respiratory, 1 Ophthalmology, 1 Elderly Medicine and 1 Estates). 1 complaint remains open without consent to breach (Women's & Children's). With effect from 1st April 2011 all complaints will be included in this report (RWHT and Community Services)</p>																																
3.3	PROMS (Patient Recorded Outcome Measures)	CQC																														
<p>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.</p>																																
<table border="1"> <thead> <tr> <th>Procedure</th> <th>Target</th> <th>Mar-11</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>Varicose</td> <td>81%</td> <td>65%</td> <td>-16%</td> </tr> <tr> <td>Groin Hernia</td> <td>76%</td> <td>83%</td> <td>7%</td> </tr> </tbody> </table>				Procedure	Target	Mar-11	Variance	Varicose	81%	65%	-16%	Groin Hernia	76%	83%	7%	<table border="1"> <thead> <tr> <th>Procedure</th> <th>Target</th> <th>Mar-11</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>Hip</td> <td>72%</td> <td>71%</td> <td>-1%</td> </tr> <tr> <td>Knee</td> <td>75%</td> <td>81%</td> <td>6%</td> </tr> </tbody> </table>					Procedure	Target	Mar-11	Variance	Hip	72%	71%	-1%	Knee	75%	81%	6%
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<p>Analysis: This is no longer a contractual requirement, therefore, we will move this to the Quality & Safety report.</p>																																

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.

Monthly Target	Apr-11 Actual	Mar-11 Actual	Feb-11 Actual
0.80%	0.38%	0.29%	0.13%

Cumulative	Apr-11	Mar-11	Feb-11
Cancellations	22	286	266
Elec Procedures	5763	76706	69803
Cumulative %	0.38%	0.37%	0.38%



Analysis:

	Anaes not available	Communiti on problem	Ran out of Theatre	More Urgent Case(s)	No Beds	Cons not avail or ill	Reg not avail	Total
Urology		1	2		2			5
Gen Surg			1	8	1			10
Cardiac			1	1				2
Gynae			2					2
Ortho						2		2
Cardiology								
H&N			1					1
Ophth								
Total	0	1	7	9	3	2	0	22

Actions: 22 operations were cancelled during April, this a slight deterioration from 20 in March. 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, these were mainly due to unforeseen circumstances on patients who were earlier on the operating lists.

4.1	Service Delivery																																													
4.1.1	18 week Referral to Treatment (RTT)	CQC N	PCT	QA																																										
<p>The NHS Constitution makes this a right for patients from 1st April 2010 to be treated within 18 weeks. 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. Additional standards have been added for 2011/12 and will measure 95th percentile for Admitted (<23 weeks) and Non-admitted (<18.3 weeks)</p>																																														
Standard 18 week Referral to Treatment																																														
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<p>Comments: All specialties achieved the target in April</p>																																														
Admitted - 95th Percentile within 23 weeks		<table border="1"> <thead> <tr> <th>Month</th> <th>Actual (weeks)</th> <th>Target (weeks)</th> </tr> </thead> <tbody> <tr><td>Feb-11</td><td>17.92</td><td>23</td></tr> <tr><td>Mar-11</td><td>17.92</td><td>23</td></tr> <tr><td>Apr-11</td><td>17.92</td><td>23</td></tr> </tbody> </table>						Month	Actual (weeks)	Target (weeks)	Feb-11	17.92	23	Mar-11	17.92	23	Apr-11	17.92	23																											
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4 Hour Wait

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.

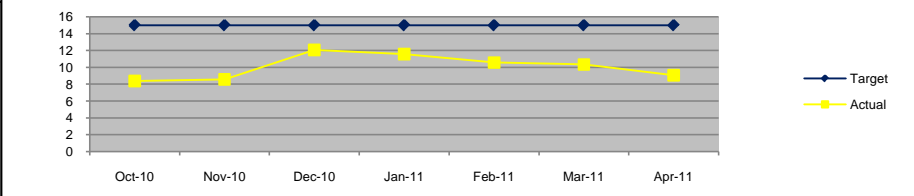
	Target	Apr-11	Variance	Cumulative	Variance
Internal	98%	98.20%	0.20%	98.55%	0.55%
Overall	98%	98.81%	0.81%	99.08%	1.08%

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.

Time to Initial Assessment (for ambulance patients)

To reduce the clinical risk associated with the time the patient spends unassessed in Accident & Emergency. Time from arrival to start of full initial assessment.

Target	Apr-11	Variance
< 15 mins	9.08	-5.92

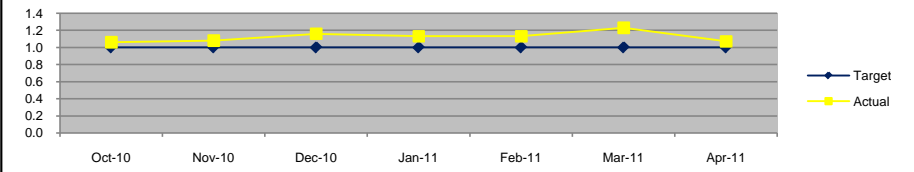


Analysis: This target becomes a measurement from Quarter 2

Time to Treatment Decision (Median)

To reduce the clinical risk and discomfort associated with the time the patients spends before their treatment begins in Accident & Emergency

Target	Apr-11	Variance
< 60 mins	1.07	-0.07

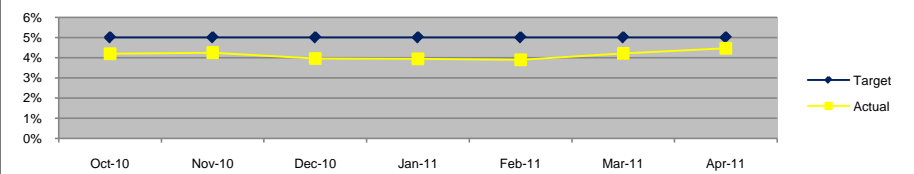


Analysis: This target becomes a measurement from Quarter 2.

Unplanned Re-attendance Rate

To reduce avoidable re-attendances at Accident & Emergency by improving the care and communication delivered during the original attendance.

Target	Apr-11	Variance
< 5%	4.46%	0.54

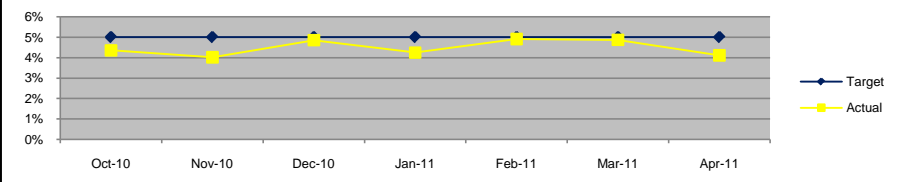


Analysis: This target becomes a measurement from Quarter 2

Left Without Being Seen

To improve patient experience and reduce the clinical risk to patients who leave Accident & Emergency before receiving the care they need.

Target	Apr-11	Variance
< 5%	4.11%	0.89



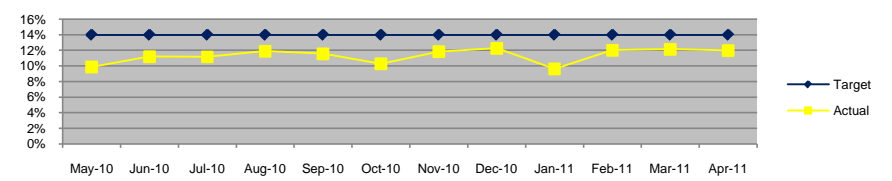
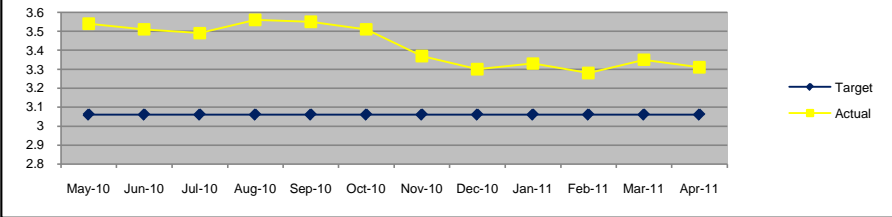
Analysis: This target becomes a measurement from Quarter 2

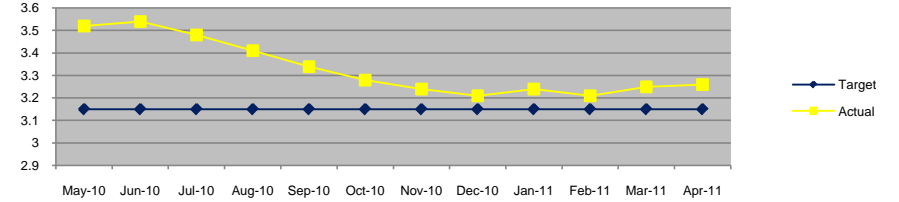
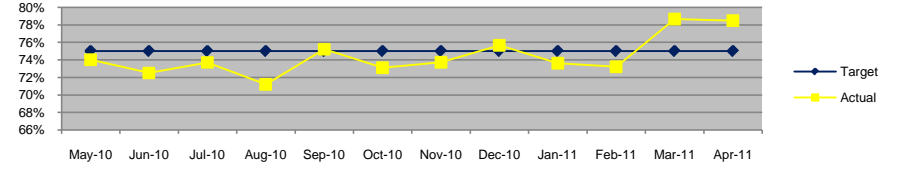
4.1.3 Care Quality Commission - Existing Commitments & National Priorities (not already covered in report). Indicators for 2010/11 are yet to be finalised therefore reporting will continue against those indicators used in the 2009/2010 Periodic Review process.

Indicator	Current	Indicator	Current
Access to Genito Urinary Medicine - 100% of patients will be offered an appointment within 48 hours	100%	In order to monitor the reduction of health inequalities related to ethnic diversity, it is essential that data quality on ethnic group is >= 90%	93.24%
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.	95	No patient will wait longer than 26 weeks for in-patient care	0

Comments: Reducing Delays in Transfer - this is an improvement from the March position of 127

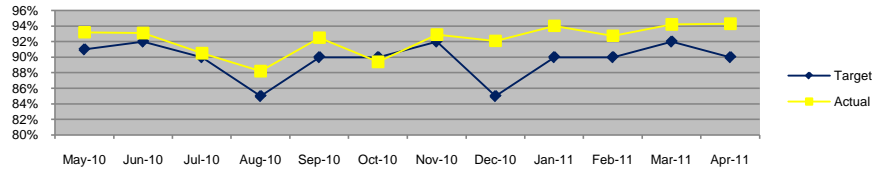
Existing Commitments & National Priorities - Continued				
Indicator	Current		Indicator	Current
No patient will wait longer than 13 weeks for out-patient consultation	0		No patients will wait longer than three months (13 weeks) for revascularisation	0
2 week waiting time for Rapid Access Chest Pain Clinic (98%)	97.20%		All Cancer Two week Wait (93%)	95.73%
Two week wait for symptomatic breast patients (cancer not initially suspected) (93%)	93.37%		31 day (diagnosis to Treatment) Wait for First Treatment - All Cancers (96%)	98.72%
31 day wait for second or subsequent treatment: Surgery (94%)	100.00%		31 day wait for second or subsequent treatment: Anti Cancer Drug Treatment (98%)	100.00%
31 day wait for second or subsequent treatment: Radiotherapy Treatments (94%)	98.32%		62 days from urgent GP referrals to first definitive cancer treatment: All Cancers (85%)	90.27%
62 day wait for first treatment from consultant screening - all cancers (90%)	90.91%		62 days for first treatment for those patients who are upgraded with a suspicion of cancer (85%)	100.00%
Cancelled operations - patients not admitted within 28 days	0		Infant health and inequalities (smoking and breastfeeding initiation) - identify all mothers	100.00%
Comments:				

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="293 220 658 347"> <thead> <tr> <th>Target per Month</th> <th>Apr-11</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>14%</td> <td>11.98%</td> <td>2.02%</td> </tr> </tbody> </table>	Target per Month	Apr-11	Variance	14%	11.98%	2.02%							
Target per Month	Apr-11	Variance											
14%	11.98%	2.02%											
<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. Figures below show a 12 month moving average. The target for 2011/12 remains unchanged pending the commencement of the capacity and demand project.</p>													
<table border="1" data-bbox="293 766 658 893"> <thead> <tr> <th>Target per Month</th> <th>Apr-11</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>3.06</td> <td>3.31</td> <td>-0.25</td> </tr> </tbody> </table>	Target per Month	Apr-11	Variance	3.06	3.31	-0.25							
Target per Month	Apr-11	Variance											
3.06	3.31	-0.25											
<p>Analysis: This is a very slight improvement from the position reported in March of 3.35%, remaining above target by 0.25%. To support the delivery of the Business Realisation Plan and Cost Improvement Programme schemes this target may change as a measurement of delivery.</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						
<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. Figures below show a 12 month moving average. The target for 2011/12 remains unchanged pending the commencement of the capacity and demand project.</p>							
<table border="1" data-bbox="293 220 658 347"> <thead> <tr> <th>Target per Month</th> <th>Apr-11</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>3.15</td> <td>3.26</td> <td>-0.11</td> </tr> </tbody> </table>	Target per Month	Apr-11	Variance	3.15	3.26	-0.11	
Target per Month	Apr-11	Variance					
3.15	3.26	-0.11					
<p>Analysis: Very slight deterioration from the position reported in March (3.25%), remaining slightly above target by 0.11%. To support the delivery of the Business Realisation Plan and Cost Improvement Programme schemes this target may change as a measurement of delivery.</p>							
<p>Actions: See actions associated with Elective Length of stay (above)</p>							
4.1.5 Day Case Rates	L	BCBV					
<p>The calculation of performance is based on our position against benchmarks set by the British Association of Day Surgery (BADS)</p>							
<table border="1" data-bbox="293 641 658 769"> <thead> <tr> <th>Target per Month</th> <th>Apr-11</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>75%</td> <td>78.46%</td> <td>3.46%</td> </tr> </tbody> </table>	Target per Month	Apr-11	Variance	75%	78.46%	3.46%	
Target per Month	Apr-11	Variance					
75%	78.46%	3.46%					
<p>Analysis: This is a very slight deterioration from the position reported in March (78.65%) by 0.19%. The following specialties have an overall compliance rate of less than 75% - Breast Surgery (35%), ENT (48%), General Surgery (67%), Gynaecology (29%), Urology (64%) and Vascular (38%). To support the delivery of the Business Realisation Plan and Cost Improvement Programme schemes this target may change as a measurement of delivery.</p>							
<p>Actions: We are continuing to look at any specialties that are significantly below expectation</p>							

4.1.6 Theatre Utilisation L

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 2011/2012.



Target this Month	Apr-11	Variance
90%	94.30%	4.30%

Analysis: The overall Trust position for theatre utilisation remains above target for the month of April. To support the delivery of the Business Realisation Plan and Cost Improvement Programme schemes this target may change as a measurement of delivery.

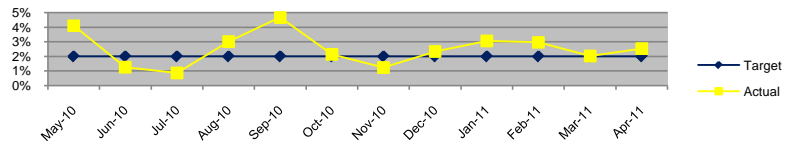
Actions:

4.2 Workforce

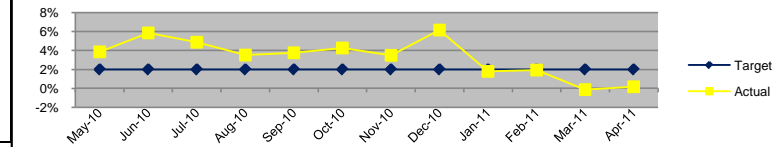
4.2.1 Recruitment and Retention L

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.

Vacancies - Trained Nursing Staff

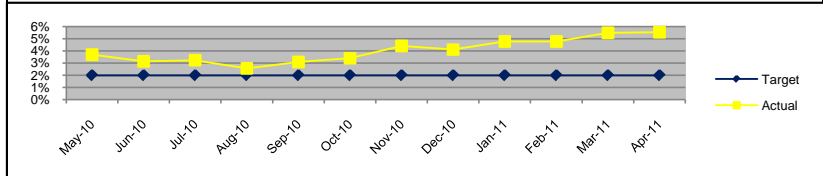


Vacancies - Non Trained Nursing Staff

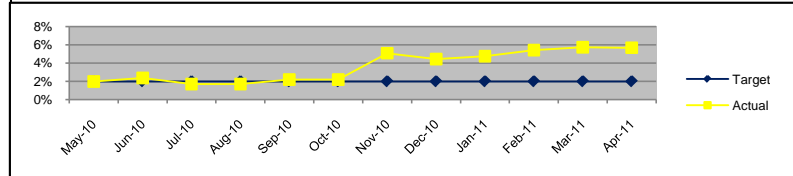


Actions: Targeted recruitment to Band 5 nursing posts where there are vacancies continues.

Vacancies - Medical Training Grades



Vacancies - Non Training Grades



Analysis: Training and non-training vacancies have remained constant with no appointments during April. Vacancies continue in Medicine, Ophthalmology, Anaesthetics, Urology and Head & Neck

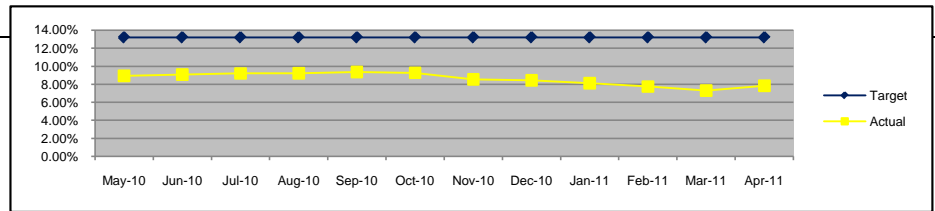
Actions: All vacant post are being advertised.

4.2.2 Turnover

L							
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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%.

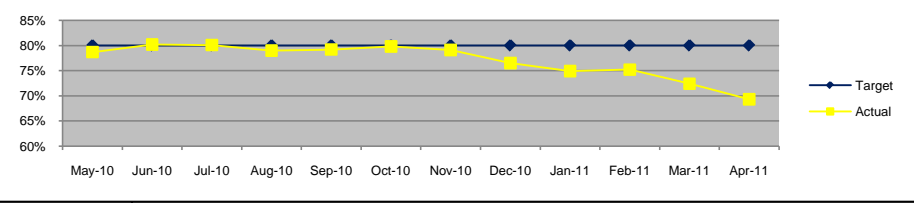
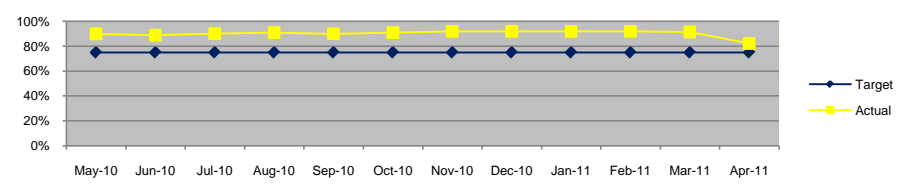
Target	Apr-11	Variance
13.20%	7.81%	5.39%



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

Actions

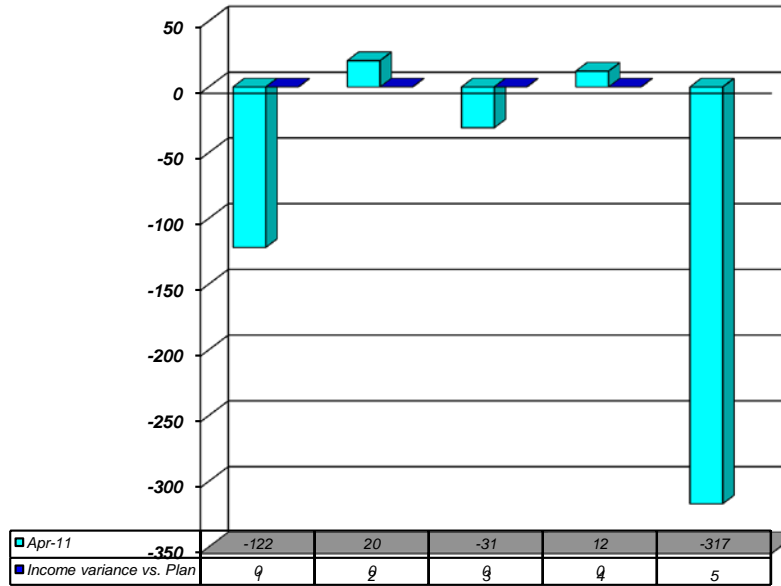
4.2.3 Sickness Absence	L																																																																														
<p style="text-align: center;">In Month Actual - The Trust target is 4%</p> <table border="1"> <caption>In Month Actual - The Trust target is 4%</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>May-10</td><td>4.20</td><td>4.00</td></tr> <tr><td>Jun-10</td><td>4.20</td><td>4.00</td></tr> <tr><td>Jul-10</td><td>4.20</td><td>4.00</td></tr> <tr><td>Aug-10</td><td>3.80</td><td>4.00</td></tr> <tr><td>Sep-10</td><td>4.20</td><td>4.00</td></tr> <tr><td>Oct-10</td><td>4.50</td><td>4.00</td></tr> <tr><td>Nov-10</td><td>5.20</td><td>4.00</td></tr> <tr><td>Dec-10</td><td>6.00</td><td>4.00</td></tr> <tr><td>Jan-11</td><td>5.50</td><td>4.00</td></tr> <tr><td>Feb-11</td><td>4.20</td><td>4.00</td></tr> <tr><td>Mar-11</td><td>4.77</td><td>4.00</td></tr> <tr><td>Apr-11</td><td>4.29</td><td>4.00</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	May-10	4.20	4.00	Jun-10	4.20	4.00	Jul-10	4.20	4.00	Aug-10	3.80	4.00	Sep-10	4.20	4.00	Oct-10	4.50	4.00	Nov-10	5.20	4.00	Dec-10	6.00	4.00	Jan-11	5.50	4.00	Feb-11	4.20	4.00	Mar-11	4.77	4.00	Apr-11	4.29	4.00	<p style="text-align: center;">Moving Annual Average - The Trust target is 4%</p> <table border="1"> <caption>Moving Annual Average - The Trust target is 4%</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>May-10</td><td>4.60</td><td>4.00</td></tr> <tr><td>Jun-10</td><td>4.60</td><td>4.00</td></tr> <tr><td>Jul-10</td><td>4.50</td><td>4.00</td></tr> <tr><td>Aug-10</td><td>4.40</td><td>4.00</td></tr> <tr><td>Sep-10</td><td>4.40</td><td>4.00</td></tr> <tr><td>Oct-10</td><td>4.40</td><td>4.00</td></tr> <tr><td>Nov-10</td><td>4.40</td><td>4.00</td></tr> <tr><td>Dec-10</td><td>4.50</td><td>4.00</td></tr> <tr><td>Jan-11</td><td>4.50</td><td>4.00</td></tr> <tr><td>Feb-11</td><td>4.50</td><td>4.00</td></tr> <tr><td>Mar-11</td><td>4.60</td><td>4.00</td></tr> <tr><td>Apr-11</td><td>4.40</td><td>4.00</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	May-10	4.60	4.00	Jun-10	4.60	4.00	Jul-10	4.50	4.00	Aug-10	4.40	4.00	Sep-10	4.40	4.00	Oct-10	4.40	4.00	Nov-10	4.40	4.00	Dec-10	4.50	4.00	Jan-11	4.50	4.00	Feb-11	4.50	4.00	Mar-11	4.60	4.00	Apr-11	4.40	4.00
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<p>Analysis: Sickness absence for the month of April decreased by 0.48%; from 4.772% in March to 4.29% in April. This is again as per the previous month statistically unchanged when compared with the same period last year. During the month of April 2011 of the hours lost due to sickness absence 1.56% was due to short term absence and 2.73% was due to long term absence. The top three reasons for short term absence were diarrhoea and vomiting which equated to 13% of hours lost, viral illness 17% of hours lost and musculo-skeletal disorders which equated to 16% of hours lost. The top three reasons for long term sickness absence were operations/post operative recovery/other investigations 23% of absence, mental health equated to 28% of absence and musculo-skeletal equated to 10% of absence.</p>																																																																															
<p>Actions: Sickness absence workshops continue to be held across the Trust. The management of the sickness absence policy has been reviewed in light of TCS and is currently going through the approval/ratification process. Training and briefing sessions will be held once the policy has been ratified.</p>																																																																															
4.2.4 Temporary Staffing	L																																																																														
<p style="text-align: center;">Temporary Nursing Staff (cumulative spend)</p> <table border="1"> <caption>Temporary Nursing Staff (cumulative spend)</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>May-10</td><td>0.00</td><td>0.50</td></tr> <tr><td>Jun-10</td><td>0.00</td><td>0.50</td></tr> <tr><td>Jul-10</td><td>0.00</td><td>0.50</td></tr> <tr><td>Aug-10</td><td>0.00</td><td>0.50</td></tr> <tr><td>Sep-10</td><td>0.00</td><td>0.50</td></tr> <tr><td>Oct-10</td><td>0.00</td><td>0.50</td></tr> <tr><td>Nov-10</td><td>0.00</td><td>0.50</td></tr> <tr><td>Dec-10</td><td>0.00</td><td>0.50</td></tr> <tr><td>Jan-11</td><td>0.00</td><td>0.50</td></tr> <tr><td>Feb-11</td><td>0.00</td><td>0.50</td></tr> <tr><td>Mar-11</td><td>0.00</td><td>0.50</td></tr> <tr><td>Apr-11</td><td>0.00</td><td>0.50</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	May-10	0.00	0.50	Jun-10	0.00	0.50	Jul-10	0.00	0.50	Aug-10	0.00	0.50	Sep-10	0.00	0.50	Oct-10	0.00	0.50	Nov-10	0.00	0.50	Dec-10	0.00	0.50	Jan-11	0.00	0.50	Feb-11	0.00	0.50	Mar-11	0.00	0.50	Apr-11	0.00	0.50	<p style="text-align: center;">Temporary Medical Staff (cumulative spend)</p> <table border="1"> <caption>Temporary Medical Staff (cumulative spend)</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>May-10</td><td>7.00</td><td>0.50</td></tr> <tr><td>Jun-10</td><td>7.50</td><td>0.50</td></tr> <tr><td>Jul-10</td><td>9.00</td><td>0.50</td></tr> <tr><td>Aug-10</td><td>8.00</td><td>0.50</td></tr> <tr><td>Sep-10</td><td>7.00</td><td>0.50</td></tr> <tr><td>Oct-10</td><td>4.50</td><td>0.50</td></tr> <tr><td>Nov-10</td><td>4.00</td><td>0.50</td></tr> <tr><td>Dec-10</td><td>4.50</td><td>0.50</td></tr> <tr><td>Jan-11</td><td>4.50</td><td>0.50</td></tr> <tr><td>Feb-11</td><td>5.50</td><td>0.50</td></tr> <tr><td>Mar-11</td><td>7.50</td><td>0.50</td></tr> <tr><td>Apr-11</td><td>0.00</td><td>0.50</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	May-10	7.00	0.50	Jun-10	7.50	0.50	Jul-10	9.00	0.50	Aug-10	8.00	0.50	Sep-10	7.00	0.50	Oct-10	4.50	0.50	Nov-10	4.00	0.50	Dec-10	4.50	0.50	Jan-11	4.50	0.50	Feb-11	5.50	0.50	Mar-11	7.50	0.50	Apr-11	0.00	0.50
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<p>Analysis: There has been no agency expenditure for nursing staff during April. In terms of medical agency there has been a decrease in month of 3.3% from 7.4% in March to 4.1% in April. Division One has seen a decrease in month from £86K in March to £46K in April. Ophthalmology agency expenditure remains high due to the use of NHS Locum's covering Trust Fellow and Staff Grade posts. Division Two saw an decrease in month from £252K in March to £146K in April. Agency expenditure in Neurology remains high due to the continuing use of Commercial services being used for Consultant Neurophysiologist work. Spend also remains high in Emergency Services due to ongoing vacancies at middle and junior grade.</p>																																																																															
<p>Actions:</p>																																																																															
Compliance with European Working time Regulations	L																																																																														
<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 2011/2012 the target remains at 80%.</p>																																																			
<table border="1" data-bbox="293 220 658 347"> <thead> <tr> <th>Target</th> <th>Apr-11</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>80.00%</td> <td>69.30%</td> <td>10.70%</td> </tr> </tbody> </table>	Target	Apr-11	Variance	80.00%	69.30%	10.70%	 <table border="1"> <caption>Appraisal Data</caption> <thead> <tr> <th>Month</th> <th>Target</th> <th>Actual</th> </tr> </thead> <tbody> <tr><td>May-10</td><td>80%</td><td>78%</td></tr> <tr><td>Jun-10</td><td>80%</td><td>80%</td></tr> <tr><td>Jul-10</td><td>80%</td><td>80%</td></tr> <tr><td>Aug-10</td><td>80%</td><td>78%</td></tr> <tr><td>Sep-10</td><td>80%</td><td>78%</td></tr> <tr><td>Oct-10</td><td>80%</td><td>80%</td></tr> <tr><td>Nov-10</td><td>80%</td><td>78%</td></tr> <tr><td>Dec-10</td><td>80%</td><td>75%</td></tr> <tr><td>Jan-11</td><td>80%</td><td>72%</td></tr> <tr><td>Feb-11</td><td>80%</td><td>75%</td></tr> <tr><td>Mar-11</td><td>80%</td><td>70%</td></tr> <tr><td>Apr-11</td><td>80%</td><td>69.30%</td></tr> </tbody> </table>						Month	Target	Actual	May-10	80%	78%	Jun-10	80%	80%	Jul-10	80%	80%	Aug-10	80%	78%	Sep-10	80%	78%	Oct-10	80%	80%	Nov-10	80%	78%	Dec-10	80%	75%	Jan-11	80%	72%	Feb-11	80%	75%	Mar-11	80%	70%	Apr-11	80%	69.30%
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<p>Analysis: April's position has seen a deterioration from that reported in March, the overall Trust position remains below the target set for 2010/2011. The following areas are 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 (265), Pathology (65) Division 2 - Accident & Emergency (42), Capacity & Emergency Planning (5), Dermatology (7), Diabetes (15), Elderly Medicine (35), Neonatal (33), Obstetrics (59), Paediatrics (58), Renal (37), Respiratory Medicine (27), Trauma & Orthopaedics (38), Divisional Management/Governance (17) Estates and Facilities - Catering (35) Corporate Services - Finance (15), Purchasing & Supply (19), ICT & Health Records (121), Director of Finance & Information (159), Medical Illustration (4), Research & Development (22), Medical Director (26), Complaints Management Team (2), Infection Prevention (6), Human Resources (13) Director of Estates and Development (12), 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>																																																			
<table border="1" data-bbox="293 687 658 815"> <thead> <tr> <th>Target</th> <th>Apr-11</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>75.00%</td> <td>82.14%</td> <td>7.14%</td> </tr> </tbody> </table>	Target	Apr-11	Variance	75.00%	82.14%	7.14%	 <table border="1"> <caption>Mandatory Training Data</caption> <thead> <tr> <th>Month</th> <th>Target</th> <th>Actual</th> </tr> </thead> <tbody> <tr><td>May-10</td><td>75%</td><td>91.5%</td></tr> <tr><td>Jun-10</td><td>75%</td><td>91.5%</td></tr> <tr><td>Jul-10</td><td>75%</td><td>91.5%</td></tr> <tr><td>Aug-10</td><td>75%</td><td>91.5%</td></tr> <tr><td>Sep-10</td><td>75%</td><td>91.5%</td></tr> <tr><td>Oct-10</td><td>75%</td><td>91.5%</td></tr> <tr><td>Nov-10</td><td>75%</td><td>91.5%</td></tr> <tr><td>Dec-10</td><td>75%</td><td>91.5%</td></tr> <tr><td>Jan-11</td><td>75%</td><td>91.5%</td></tr> <tr><td>Feb-11</td><td>75%</td><td>91.5%</td></tr> <tr><td>Mar-11</td><td>75%</td><td>91.5%</td></tr> <tr><td>Apr-11</td><td>75%</td><td>82.14%</td></tr> </tbody> </table>						Month	Target	Actual	May-10	75%	91.5%	Jun-10	75%	91.5%	Jul-10	75%	91.5%	Aug-10	75%	91.5%	Sep-10	75%	91.5%	Oct-10	75%	91.5%	Nov-10	75%	91.5%	Dec-10	75%	91.5%	Jan-11	75%	91.5%	Feb-11	75%	91.5%	Mar-11	75%	91.5%	Apr-11	75%	82.14%
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<p>Analysis: There is a deterioration from last month from 91.5% in March to 82.14% in April, however, we remain above target. Three areas with departments showing <65% compliance i.e. 'red' performance are; Fire Safety (Dermatology, Neonatal, Domestic, Transport, Infection Prevention, Nursing Support, Human Resources and Director of Estates Development) Safeguarding Children (Transport & Director of Estates Development) Information Governance Toolkit, this is currently at 33% - a more detailed report will be available from Month 2</p>																																																			
<p>Actions:</p>																																																			

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- 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 Income Variance vs Plan, EBITDA is in line with Plan, SLA income against Plan, all areas are reporting a favourable position at Month 1



5.6	Delivery of Cost Improvement Programme							
		April 11 (£m)			Plan	Actual	Variance	
	2011/12 Total CIP	£14,075			Emergency In-patients	3,447	3,678	231
	Quarter 1 (25%)	£3,519			Elective In-patients	701	740	39
	Current position	£3,521			New Out-patients	7,146	7,464	318
	Variance against Q3 plan	£2			All Out-patients	18,466	20,531	2,065
	The table above shows year to date actual delivery of CIP against plan for Quarter 1. This equates to 25% removed from budgets against a plan of 25% for quarter 1			The table above shows year to date actual performance against cumulative plan				

6.1	Capital programme is delivered to CRL			Analysis: Total forecasted annual is £31K over plan (0.15% over commitment)
	Annual Plan	Year End Forecast	Variance	
	£20,430,000	£20,461,100	£31,100	

6.2	Capital spend is managed within plan			Analysis: Cumulative spend is £168K under plan (-25% behind plan)
	Cumulative Plan	Cumulative Actual	Variance	
	£683,951	£515,600	-£168,351	