

**THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST**

Agenda No:

**REPORT TO:** Trust Board - 27th June 2011

**REPORT OF:** Chief Operating Officer

**SUBJECT:** Operational Performance

**AUTHOR:** Performance Manager

**RECOMMENDATION:**

The Trust Board is asked to

**NOTE:**

The Performance Report (May 2011)

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  - Reducing waste arisings
  - Waste recycling

### **7 Better Care, Better Value**

#### **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 May is at 14, 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 May. We continue to maintain a focus on delivering against cancer targets with Divisional Manager lead specialty specific meetings weekly.

**Contract Queries - One received in May 2011** - In respect of Complex Echocardiogram outpatient procedures, confirmation is requested of the exact nature of tests carried out on two specific patients and how RWHT code normal echos as well as exercise, non dobutamine echos. RWHT response provided the exact tests that the two named patients had received (both patients had received an exercise tolerance test following an appointment in the rapid access clinic). RWHT also confirmed the HRG codes used for coding tests, however, following advice from the Clinical Directorate team and information there may have been some misunderstandings on how RWHT interpreted the coding of Exercise Tolerance Tests (ETT). RWHT have allocated a procedure code for ETT which maps back to HRG code EA45Z, however, ETT should have been allocated a procedure code which maps back to HRG code EA47Z. As a consequence this will mean that there is approximately 1700 ETT's coded incorrectly. RWHT have asked WCPCT to review the level of detail in the plan and confirm to RWHT their understanding of the impact of this potential reduction to the plan in order to agree on how best to move this forward.

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

**The compliance framework** - includes some additional new targets for 2011/12 for Accident and Emergency and 18 week Referral to Treatment (RTT). These indicators have been incorporated into the Performance Report. The new targets for A&E do not come into effect until Quarter 2, however, they are included below for shadow monitoring purposes.

**1.1 Foundation Trust - Compliance Framework**

Performance Indicator	Threshold	Weighting	Quarter 4				Apr-11				May-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	29	26.4	-2.6	1.0	11	4.75	-6.25	1.0	10	4.75	-5.25	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	172	197	87.31%	0.0	53	57	92.98%	0.0	65.5	76	86.18%	0.0						
62 day wait for first treatment - from Consultant Screening service referral	90%		17.5	17.5	100.00%		6	6.5	92.31%		7	7	100.00%							
62 day wait for first treatment - Consultant Upgrades	85%						32	32	100.00%		35	38	92.11%							
31 day wait for second or subsequent treatment - Surgery	94%	1.0	127	132	96.21%	0.0	39	39	100.00%	0.0	43	44	97.73%	0.0						
31 day wait for second or subsequent treatment - Anti cancer drug treatments	98%		205	205	100.00%		59	59	100.00%		92	92	100.00%							
31 day wait for second or subsequent treatment - Radiotherapy	94%						143	145	98.62%		138	138	100.00%							
31 day wait from diagnosis to first treatment - All cancers	96%	0.5	526	536	98.13%	0.0	154	156	98.72%	0.0	186	186	100.00%	0.0						
Two week wait from referral to date first seen - All cancers	93%	0.5	1495	1529	97.78%	0.0	516	540	95.56%	0.0	554	582	95.19%	0.0						
Two week wait from referral - Symptomatic Breast	93%		373	382	97.64%		154	165	93.33%		135	145	93.10%							
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	95%	1.0	36871	37251	98.98%	0.0	12150	12270	99.02%	0.0	11554	11707	98.69%	0.0						
Patient experience - Learning Disabilities	-	0.5																		
Referral to treatment waiting times - Non-admitted 18.3 weeks (95th percentile)	18.3	1.0						11.7	0.0			14.31	0.0							
Referral to treatment waiting times - Admitted 23 weeks (95th percentile)	23	1.0						18	0.0			18.26	0.0							
Screening all elective in-patients for MRSA		0.5	20395	13176	154.79%	0.0	5909	3919	150.78%	0.0	6393	4306	148.47%	0.0						
<b>Total</b>						<u>1.0</u>	<b>Total</b>						<u>1.0</u>	<b>Total</b>						<u>1.0</u>

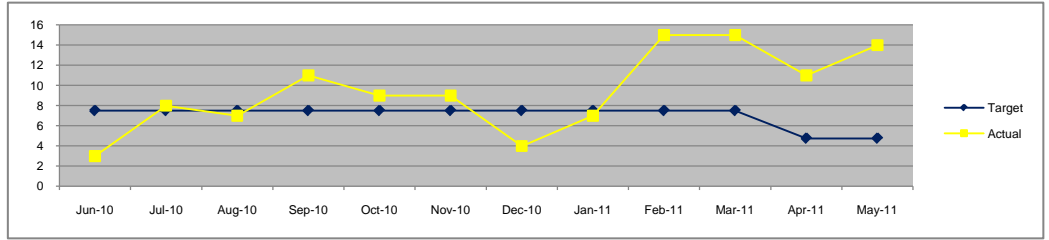
**2) PATIENT SAFETY**

**2.1 Healthcare Acquired Infections (HCAI's)**

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

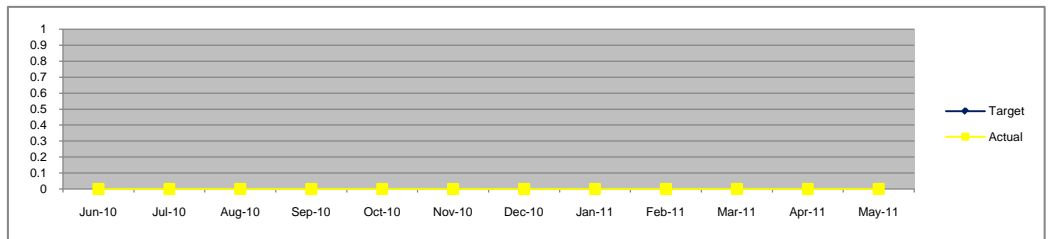
Number of C Diff Cases (Target)	Cum Plan	Cum Actual	Cum Variance	Year End Forecast
57	9.5	25	15.5	150



**Analysis:** Change in detection method - new method much more sensitive. The cases were attributable as follows:- General Surgery/Urology x 5, Emergency Medicine x 4, Elderly Care/Stroke x 4 and Respiratory/Gastro x 1. There were 2 wards where more than 1 case was seen during the month.

**2.1.2 MRSA Bacteraemia** CQC N   PCT   SHA   L   M

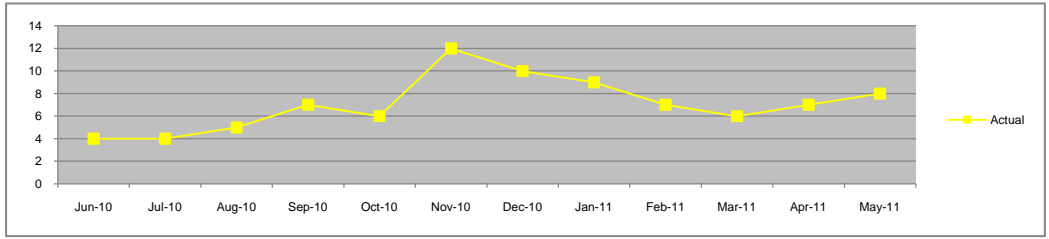
Number of MRSA Cases (Target)	Cum Plan	Cum Actual	Cum Variance	Year End Forecast
1	0	0	0	0



**Analysis:** This is the twenty third consecutive month without an MRSA Bacteraemia

**2.1.3 E Coli Bloodstream** PCT   SHA

Number of E Coli Cases (Target)	Cum Plan	Cum Actual	Cum Variance	Year End Forecast
	0	15	15	90

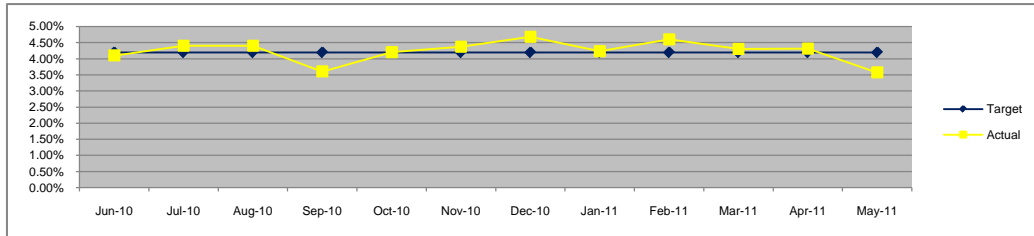


**Analysis:** Mandatory Surveillance in Quarter 1

**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, within 30 days (new target for 2011/12) as a percentage of all discharges.

Target	Mar-11	Apr-11	May-11	Current Month Variance
4.19%	4.30%	4.31%	3.57%	0.62%



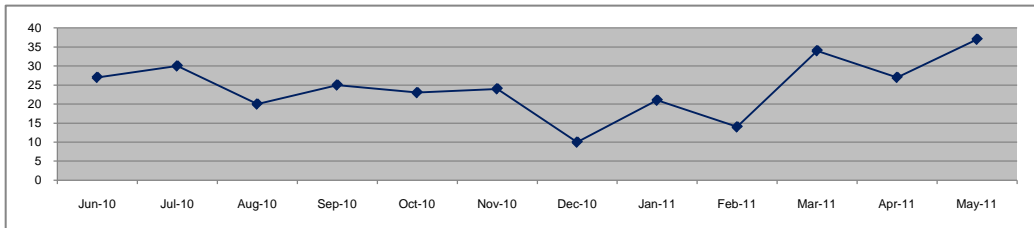
**Analysis:** Percentage of emergency readmissions within 30 days has shown a decrease from the April position and is now below target by 0.62%. Actions have been put in place in General Surgery and Orthopaedics to have a system of post discharge ward contact. This will be evaluated and spread to other areas.

**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.

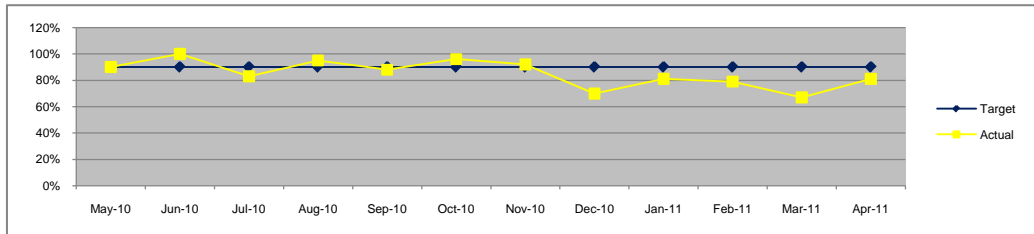
Current Month May 2011	Cum Actual	Year End Actual 2010/11	Year End Forecast 2011/12
37	64	272	426



**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 and 14th of the current reported month. Therefore, data reported in the monthly report reflects the previous months position.

Target	Feb 11 Validated	Mar 11 Validated	Apr 11 Validated
90%	79%	67%	81%

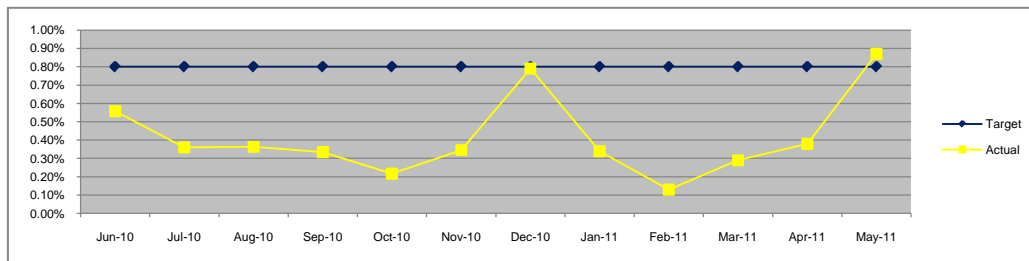


**Analysis:** 27 complaints were received in April, 12 of which were responded to within 25 working days. 15 complaints took longer than 25 working days, 10 of which had obtained consent to breach ( 3 A&E, 3 EAU, 2 Paediatric, 1 Critical Care and 1 Cardiac). 5 complaints did not have consent to breach (1 A&E, 1 Paediatric, 1 Head & Neck, 1 Cardiac and 1 Estates). 5 complaints remain open all of which have consent to breach (1 A&E, 1 EAU, 2 Paediatric and 1 Critical Care).

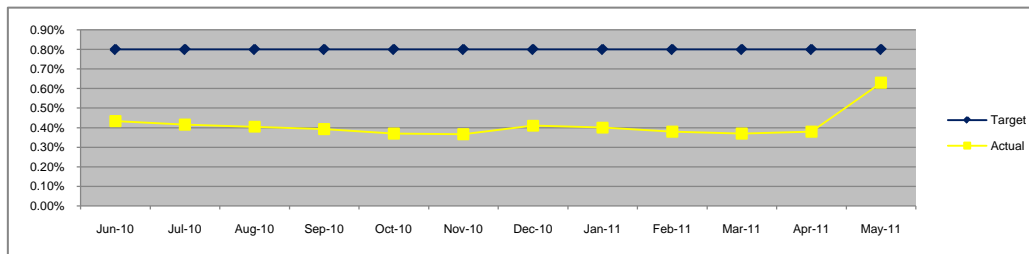
**3.3 Short Notice Cancellation of Operations** CQC N    L

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	May 11 Actual	Apr 11 Actual	Mar 11 Actual
0.80%	0.87%	0.38%	0.29%



Cumulative	May-11	Apr-11	Mar-11
Cancellations	76	22	286
Elec Procedures	11998	5763	76706
Cumulative %	0.63%	0.38%	0.37%



	Anaes not available	No Kit	Ran out of theatre time	More urgent case(s)	No beds	Cons not avail or ill	Reg not avail	Total
Urology			4		2			6
Gen Surg			4		3			7
Cardiac			2		3	5		10
Gynae		1				2		3
Ortho	1		2		4			7
Cardiology				2	14			16
H&N					2			2
Ophthal						3		3
<b>Total</b>	<b>1</b>	<b>1</b>	<b>12</b>	<b>2</b>	<b>28</b>	<b>10</b>	<b>0</b>	<b>54</b>

**Actions:** 54 operations were cancelled during May, this a major deterioration from 22 in April. 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. During May there was immense pressure on bed availability due to emergency presentations. The additional winter wards were retained during the whole of the month and additional capacity had to be made available on other wards to accommodate medical patients. The resulting impact on the ability to admit elective surgical cases can be seen through this indicator. A&E saw a higher level of attenders in May than during the winter months. A root and branch review is being undertaken to understand the underlying cause.

**4) EFFICIENCY AND EFFECTIVENESS**

**4.1 Service Delivery**

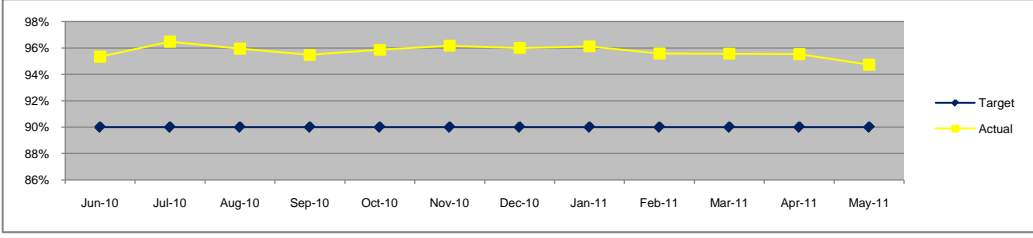
**4.1.1 18 week Referral to Treatment (RTT)** CQC N    PCT    QA

In the 2009/10 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 standards are in relation to patient choice and clinical complexity. The NHS Constitution makes this a right for patients from 1st April 2010. Additional standards have been added for 2011/12 and will measure the 95th percentile for Admitted (<23 weeks) and Non-admitted (<18.3 weeks)

**Standard 18 week Referral to Treatment**

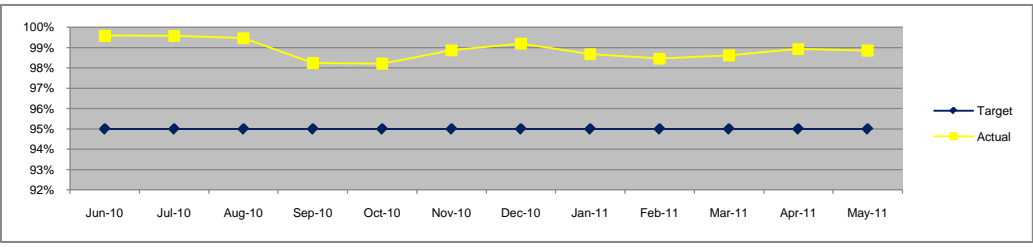
**Admitted**

Target	May-11
90%	94.73%



**Non-admitted**

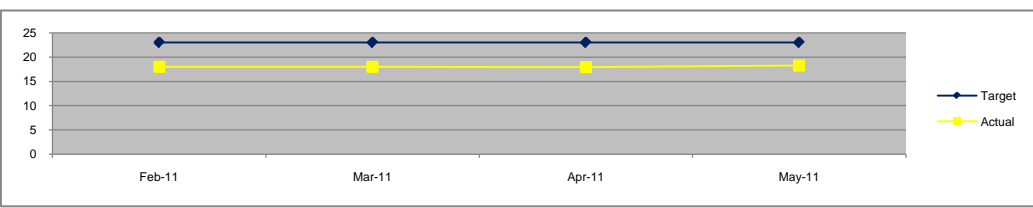
Target	May-11
95%	98.86%



**Comments:** All specialties achieved the target in May

**Admitted - 95th Percentile within 23 weeks**

Target	May-11
< 23	18.26

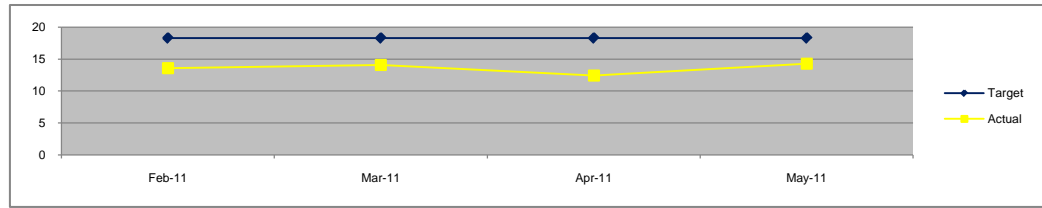


**Comments:**



**Non-admitted - 95th Percentile within 18.3 weeks**

Target	May-11
< 18.3	14.31



**Comments:**

**4.1.2 Accident & Emergency**

CQC E    PCT    SHA    M    QA

**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 the complexity of clinical condition.

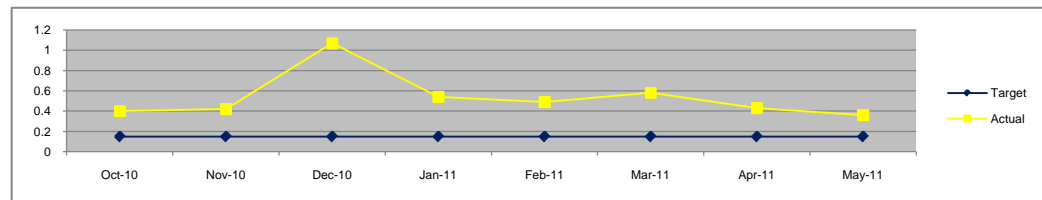
	Target	May-11	Variance	Cumulative	Variance
Internal	98%	98.28%	0.28%	98.54%	0.54%
Overall	98%	98.86%	0.86%	99.08%	1.08%

**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. The A&E attendances saw a higher level of attenders in May than during the winter months. A root and branch review is being undertaken to understand the underlying cause.

**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	May-11	Variance
< 15 mins	00:36	21

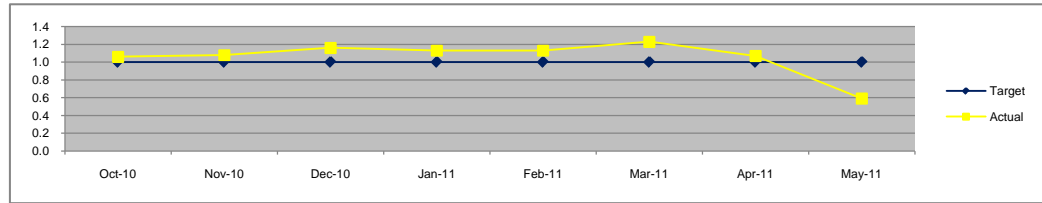


**Analysis:** This indicator comes into effect from 1st July 2011 - we are currently shadowing monitoring compliance rate and reviewing processes.

**Time to Treatment Decision (Median)**

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

Target	May-11	Variance
< 60 mins	00:59	-1

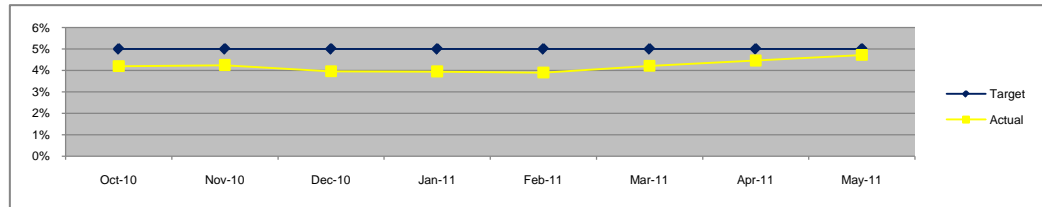


**Analysis:** This indicator comes into effect from 1st July 2011 - we are currently shadowing monitoring compliance rate

**Unplanned Re-attendance Rate**

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

Target	May-11	Variance
< 5%	4.72%	-0.28%

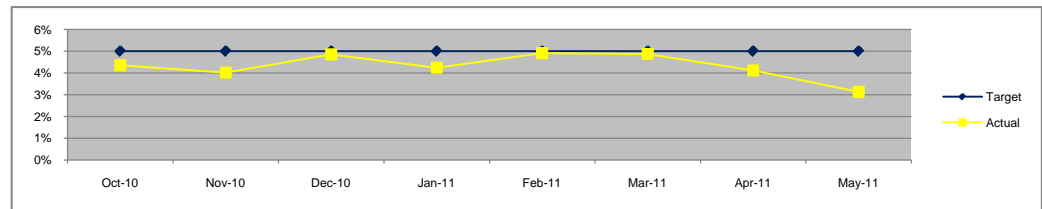


**Analysis:** This indicator comes into effect from 1st July 2011 - we are currently shadowing monitoring compliance rate

**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	May-11	Variance
< 5%	3.13%	-1.87%



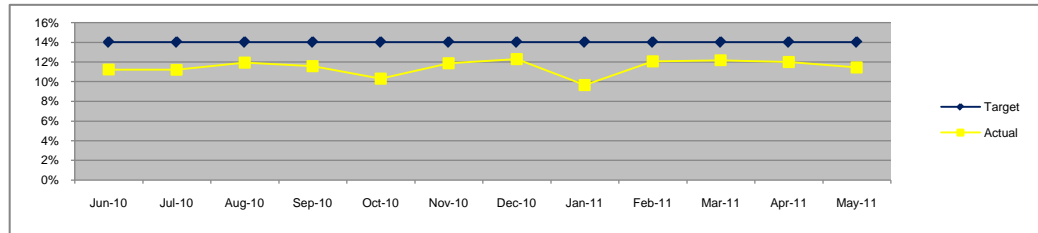
**Analysis:** This indicator comes into effect from 1st July 2011 - we are currently shadowing monitoring compliance rate

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 2009/10 Periodic Review process.				
Indicator	Current		Indicator	Current
Access to Genito Urinary Medicine - 100% of patients will be offered an appointment within 48 hours	100.00%		In order to monitor the reduction of health inequalities related to ethnic diversity, it is essential that data quality on ethnic group is >=90%	92.89%
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	86		No patient will wait longer than 26 weeks for in-patient care	0
No patient will wait longer than 13 weeks for an outpatient consultation	0		No patient will wait any longer than three months (13 weeks) for revascularisation	0
2 week waiting time for Rapid Access Chest Pain Clinic (98%)	100.00%		All Cancer Two Week Wait (93%)	95.18%
Two Week Wait for symptomatic breast patients (cancer not initially suspected) (93%)	93.10%		31 day (diagnosis to treatment) Wait for first treatment - all cancers (96%)	100.00%
31 day wait for second or subsequent treatment: Surgery (94%)	97.83%		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%)	100.00%		62 days (traditional) from urgent GP referrals to first definitive cancer treatment - all cancers (85%)	86.18%
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 (85%)	92.11%
Cancelled operations - patients not admitted with 28 days	0		Infant health and inequalities (smoking and breastfeeding initiation) - identify all mothers	100.00%
<b>Comments: 62 Day Traditional</b> - 14 breaches - 5 complex pathways, 3 patient initiated, 5 tertiary referrals received at 51 days or more, 1 further investigations. We continue to see late referrals being received from other hospitals.				

**4.1.4 Pre-Op Length of Stay** L      BCBV

This indicator is a sum of all 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.

Target per Month	May-11	Variance
14%	11.44%	2.56%



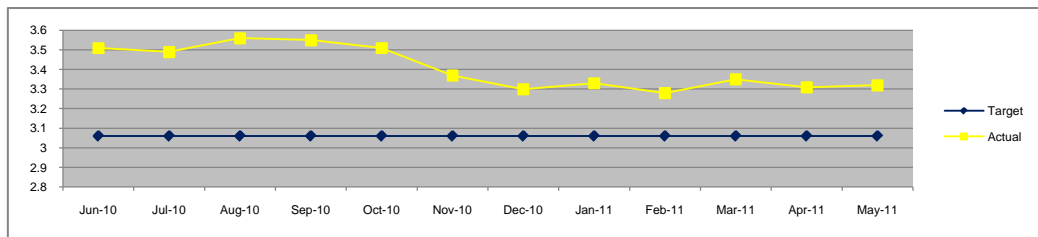
**Analysis:** Percentage of bed days spent pre-operatively continues to remain below target

**Actions:**

**Elective Length of Stay**

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 ensures 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.

Target per Month	May-11	Variance
3.06	3.32	-0.26



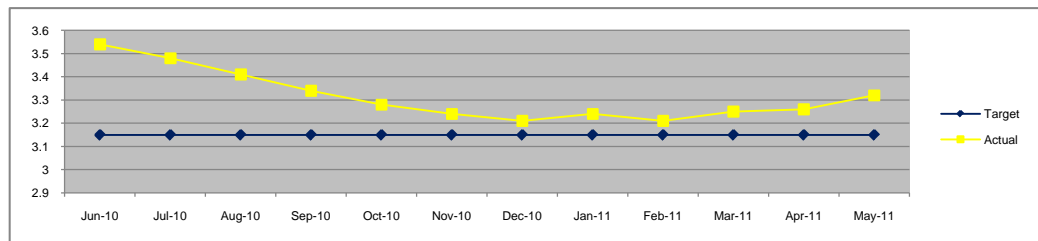
**Analysis:** This is a static position from the one reported in April of 3.31%, remaining above target by 0.26%. To support the delivery of the Business Realisation Plan and Cost Improvement Programme schemes this target may change as a measurement of delivery.

**Actions:** Continue to focus on reducing long stayers, timely discharge and admission avoidance increasing day care rates.

**Non-Elective Length of Stay**

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 ensures 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.

Target per Month	May-11	Variance
3.15	3.32	-0.17



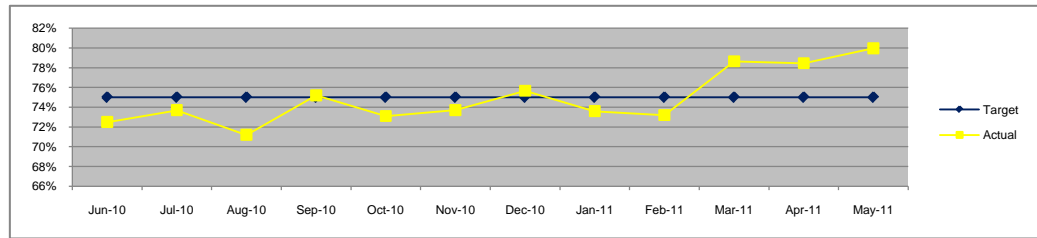
**Analysis:** This is a deterioration from the position reported in April (3.26%), remaining above target by 0.17%

**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	May-11	Variance
75%	79.97%	4.97%



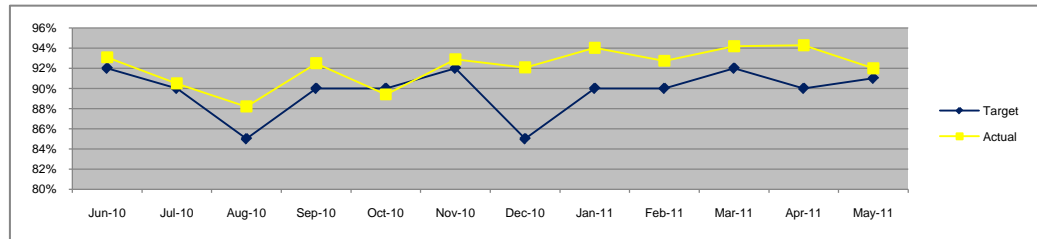
**Analysis:** This is an improvement from the position reported in April (78.46%) by 1.51%. The following specialties have an overall compliance rate of less than 75% - Breast Surgery (51%), ENT (50%), General Surgery (58%), Gynaecology (32%), Urology (66%) and Vascular (49%). To support the delivery of the Business Realisation Plan and Cost Improvement Programme schemes this target may change as a measurement of delivery.

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

**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 2011/12.

Target this Month	May-11	Variance
91%	92.00%	1.00%



**Analysis:** The overall Trust position for theatre utilisation remains above target for the month of May. The new operating theatres were opened in May, as a result of this Theatre Utilisation target may change as a measurement of delivery.

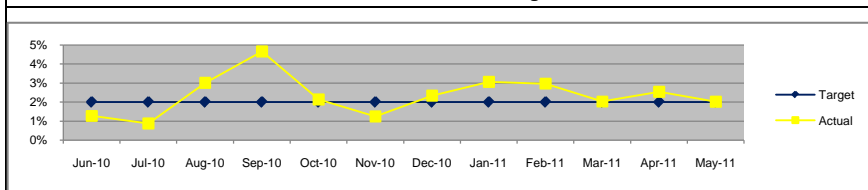
**Actions:**

**4.2 Workforce**

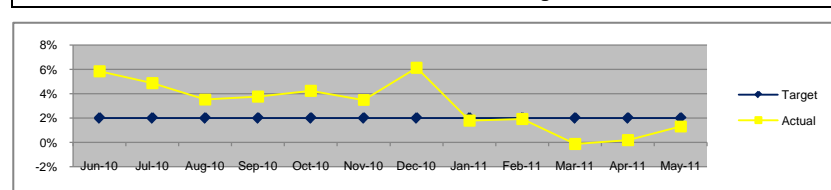
**4.2.1 Recruitment and Retention** L

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**



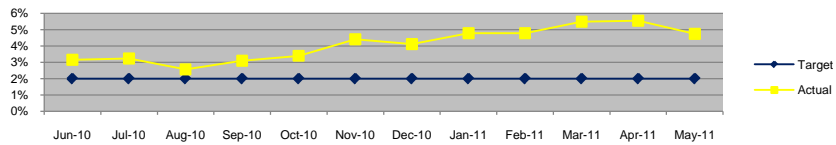
**Vacancies - Non Trained Nursing Staff**



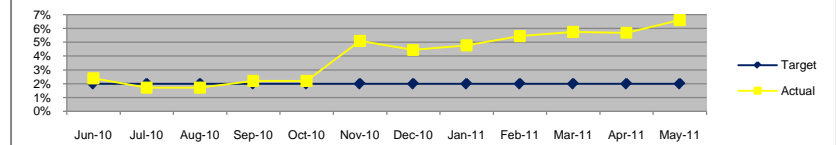
**Analysis:** Trained vacancies have decreased slightly whilst untrained nursing vacancies have increased slightly.

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

**Vacancies - Medical Training Grades**



**Vacancies - Non Medical Training Grades**



**Analysis:** Non-training vacancies have increased slightly this month while training vacancies have decreased slightly. Vacancies continue in Medicine, Ophthalmology, Anaesthetics, Urology and Head & Neck

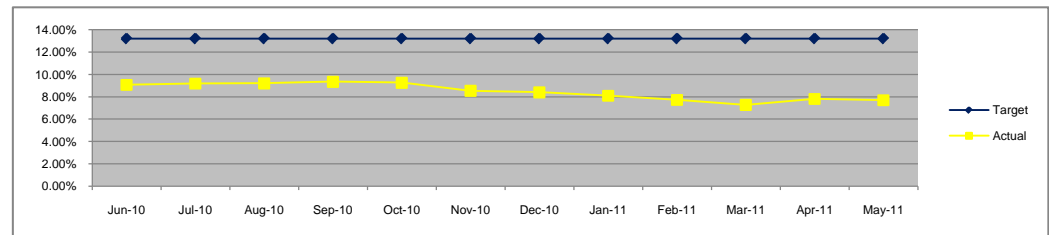
**Actions:** All vacant post are being advertised.

**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	May-11	Variance
13.20%	7.70%	5.50%



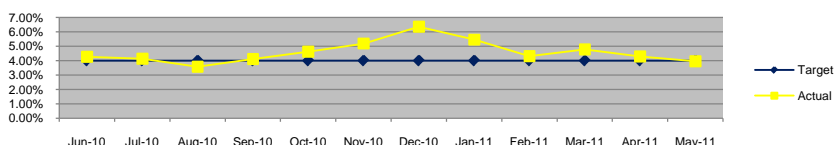
**Analysis:** We continue to achieve a much better turnover rate than the national NHS rate of 13.2%

**Actions:**

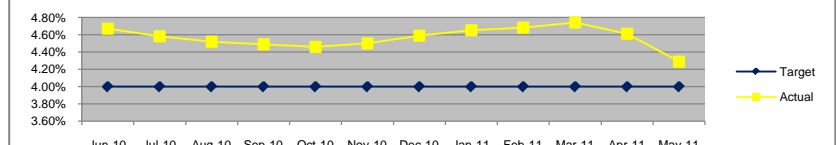
**4.2.3 Sickness Absence**

L

**In Month Actual - The Trust target is 4%**



**Moving Annual Average - The Trust target is 4%**

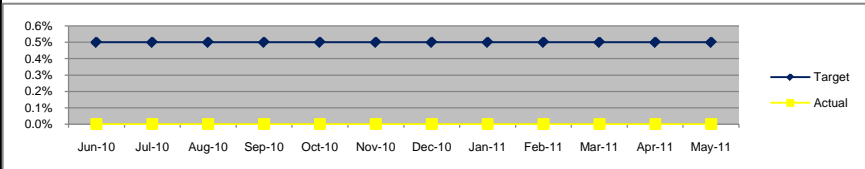


**Analysis:** Sickness absence for the month of May decreased by 0.34%; from 4.29% in April to 3.95% in May. This is a reduction of 0.14% compared with the same period last year. During the month of May 2011 of the hours lost due to sickness absence 1.41% was due to short term absence and 2.54% was due 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 15% of hours lost and operations/post operative recovery which equated to 8% 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 16% of absence and musculo-skeletal equated to 7% of absence.

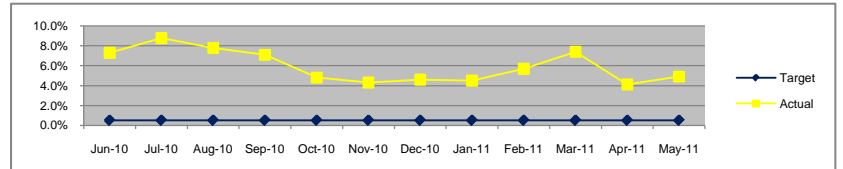
**Actions:** Sickness absence workshops continue to be held across the Trust. The management of the sickness absence policy has been reviewed in light of TCS and has now been ratified at TMT. Training and briefing sessions are now being held advising on the revised policy.

**4.2.4 Temporary Staffing** L

**Temporary Nursing Staff (cumulative spend) - Agency Staff**



**Temporary Medical Staff (cumulative spend) - Agency Staff**



**Analysis:** There has been no agency expenditure for nursing staff during May. In terms of medical agency there has been a slight increase in month of 0.8% from 4.1% in April to 4.9% in May. **Division One** has seen an increase in month from £46K in April to £96K in May. Cardiology agency expenditure was high due to the opening of Cath Lab day ward to help with medical outliers. Critical Care expenditure was high during May due to the use of two agency staff grades for the opening of the new theatres. **Division Two** saw a decrease in month from £146K in April to £101K in May. 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.

**Actions:**

**Compliance with European Working Time Regulations** L

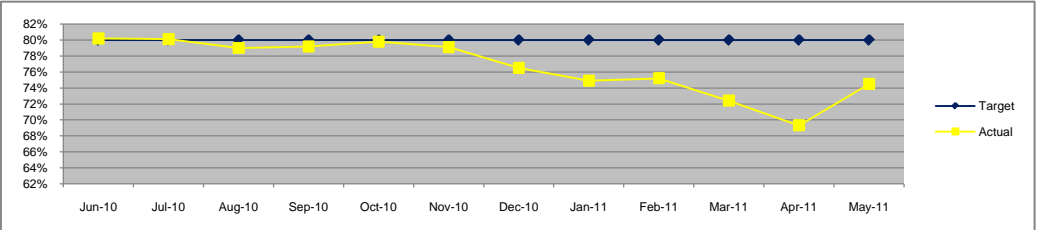
The European Working Time Directive lays down minimum requirements in relation to working hours, rest periods, annual leave and working arrangements for night workers. The EWTD is a legal requirement and leads to a better health and safety and work life balance for all employees.

**Analysis:** For Junior Medical Staff we are 100% compliant.

**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 months. For 2011/12 the target remains at 80%.

Target	May-11	Variance
80%	74.50%	-5.50%

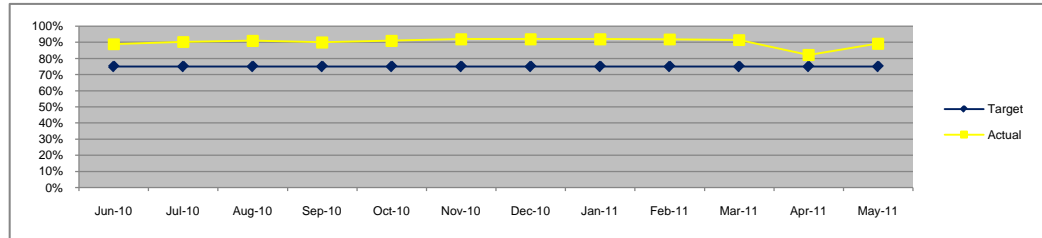


**Analysis:** May's position has seen an improvement from the one reported in April, the overall Trust position remains below the target set for 2011/2012. The following areas are showing as red i.e. <70% compliance, the number of staff with no appraisal in the last 12 months is shown in brackets. **Division 1** - Critical Care Services (157), Trauma & Orthopaedics (42) **Division 2** - Accident & Emergency (54), Acute Medicine (35), Dermatology (8), Diabetes (28), Obstetrics (63), Paediatrics (53), Social Workers Support (6), Divisional Management/Governance (17) **Estates and Facilities** - Catering (37), Staff Accommodation (1), Estates & Facilities Management Team (6) **Corporate Services** - Finance (13), Purchasing & Supply (17), ICT & Health Records (104), Medical Illustration (5), Research & Development (19), Complaints Management Team (2), Infection Prevention (6), Nursing Support (3), Director of Estates and Development (10), 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 & Bullying and Harassment

Target	May-11	Variance
75%	89.20%	14.20%

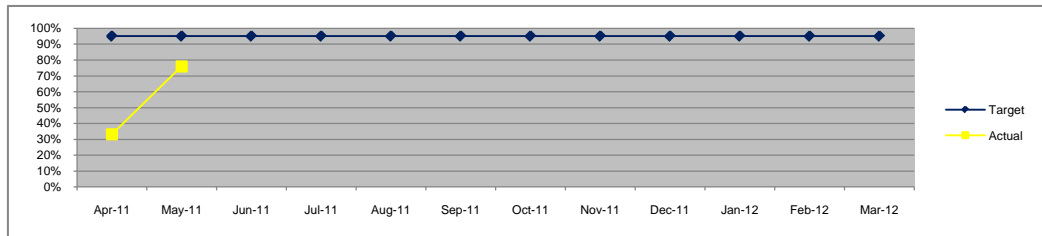


**Analysis:** There is an improvement from last month from 82.14% in April to 89.2% in May, we continue to remain above target. There are four areas with departments showing <65% compliance i.e. 'red' performance are; **Fire Safety** (Dermatology, Domestic and Transport), **Bullying & Harassment** (Capacity & Emergency Planning, Catering, Domestic, Linen Services, Staff Accommodation, ICT & Health Records, Nursing Support and Trust Management Team), **Safeguarding Children** (Transport & Trust Management Team), **Managing Complaints** (Social Workers Support)

**Information Governance**

**Information Governance Toolkit:** Good Information Governance practice ensures necessary safeguards for, and appropriate use of, corporate, patient and personal information. The purpose of this tool is to ensure that IG training is available to all staff covering a range of training needs and learning competencies to support the implementation and development of an IG framework within the organisation.

Target	May-11	Variance
95%	76%	-19%

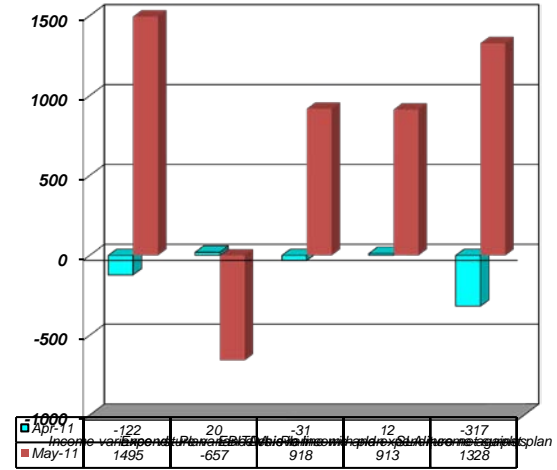


**Analysis:** This is a significant improvement from last months position of 33%. There is continued focus on improving the compliance for Information Governance which includes group training sessions for all staff to attend. The following areas are showing as red i.e. <65% compliance, the number of staff who have not yet completed IG Toolkit is shown in brackets. **Division 2** - Diabetes (30), Trauma & Orthopaedics (53), **Estates & Facilities** - Catering (72), Domestic (126), Linen Services (2), Porter/Security (91), Transport (9), **Corporate Services** - Trust Management Team (7)



- 5.1 SLA Income vs 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 2



5.6 Delivery of Cost Improvement Programme	5.7 Actual Performance against contract																																			
<table border="1"> <thead> <tr> <th></th> <th>Apr-11</th> <th>May-11</th> </tr> </thead> <tbody> <tr> <td>2011/12 Total CIP</td> <td>£14,075</td> <td>£14,075</td> </tr> <tr> <td>Quarter 1 (25%)</td> <td>£3,519</td> <td>£3,519</td> </tr> <tr> <td>Current Position</td> <td>£3,521</td> <td>£4,184</td> </tr> <tr> <td>Variance against Q1 Plan</td> <td>£2</td> <td>£665</td> </tr> </tbody> </table>		Apr-11	May-11	2011/12 Total CIP	£14,075	£14,075	Quarter 1 (25%)	£3,519	£3,519	Current Position	£3,521	£4,184	Variance against Q1 Plan	£2	£665	<table border="1"> <thead> <tr> <th></th> <th>Plan</th> <th>Actual</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>Emergency In-patients</td> <td>7,008</td> <td>6,874</td> <td>-134</td> </tr> <tr> <td>Elective In-patients</td> <td>1,479</td> <td>1,526</td> <td>47</td> </tr> <tr> <td>New Out-patients</td> <td>15,086</td> <td>16,760</td> <td>1,674</td> </tr> <tr> <td>All Out-patients</td> <td>38,985</td> <td>43,057</td> <td>4,072</td> </tr> </tbody> </table>		Plan	Actual	Variance	Emergency In-patients	7,008	6,874	-134	Elective In-patients	1,479	1,526	47	New Out-patients	15,086	16,760	1,674	All Out-patients	38,985	43,057	4,072
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<p>The table above shows year to date actual delivery of CIP against plan for Month 2. This equates to 30% removed from budgets against a plan of 25%</p>	<p>The table above shows year to date actual performance against cumulative plan</p>																																			

**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>£20,430,000</td> <td>£20,418,017</td> <td>-£11,983</td> </tr> </tbody> </table>	Annual Plan	Year End Forecast	Variance	£20,430,000	£20,418,017	-£11,983	<p><b>Analysis:</b> Total forecasted annual is £11K under plan (0.06% under commitment)</p>
Annual Plan	Year End Forecast	Variance					
£20,430,000	£20,418,017	-£11,983					

**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>£1,079,094</td> <td>£1,152,027</td> <td>£72,933</td> </tr> </tbody> </table>	Cumulative Plan	Cumulative Actual	Variance	£1,079,094	£1,152,027	£72,933	<p><b>Analysis:</b> Cumulative spend is £73K over plan (6.75% ahead of plan)</p>
Cumulative Plan	Cumulative Actual	Variance					
£1,079,094	£1,152,027	£72,933					

**7) BETTER CARE, BETTER VALUE**

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

	Quarter 2 2010/11		Quarter 3 2010/11	
	Rank	Change	Rank	Change
LOS	16th	Positive	20th	Negative
Pre Op (Non-Elective)	135th		146th	Negative
Pre Op (Elective)	69th	Positive	62nd	Positive
DNA	115th	Positive	113th	Positive
New to Review	109th	Positive	124th	Negative
Emergency Readmission (within 14 days)	139th		130th	Positive

**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 2 2010/11		Quarter 3 2010/11	
	Rank	Change	Rank	Change
LOS	1st	Static	1st	Static
Pre Op (Non-Elective)	9th		10th	Negative
Pre Op (Elective)	3rd	Positive	3rd	Static
DNA	9th	Positive	9th	Static
New to Review	9th	Positive	10th	Negative
Emergency Readmission (within 14 days)	10th		9th	Positive