

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

REPORT TO: Trust Board - 27th June 2011

REPORT OF: Chief Operating Officer

SUBJECT: Operational Performance

AUTHOR: Head of Information (Community services)

RECOMMENDATION:

The Trust Board is asked to

NOTE:

• The Community Performance Report (May 2011)

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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

1.1 Foundation Trust - Compliance Framework

Performance Indicator	Threshold	Weighting	Qtr 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	8	1.0	6	3	-3	1.0	3	0.67	-2.33	1.0	1.00	0.67	-0.33	1.0
MRSA year on year reduction (year end target)	0	1.0	0	1.75	1.75	0.0	0	0.08	0.08	0.0	1	0.08	-0.92	0.0
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	95%	0.5	6937	6937	100.00%	0.0	2355	2355	100.00%	0.0	2248	2248	100.00%	0.0
CQC Registration (without condition)	-	0.4				0.0				0.0				0.0

Total
1
Total
1
Total
1

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

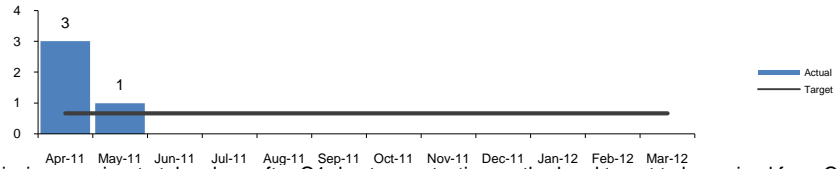
2) PATIENT SAFETY

2.1 Healthcare Acquired Infections (HCAIs)

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 currently less than 8 per annum for 2010/2011. In respect of MRSA Bacteraemia, the combined target is 1 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

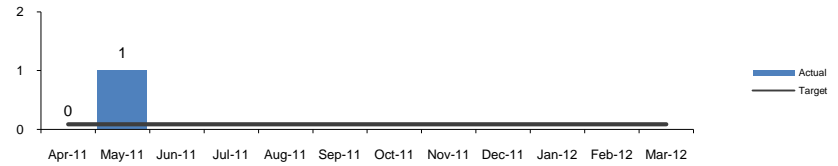
Number of C Diff Cases	Cum Plan	Cum Actual	Cum Variance	Yr end Forecast
8	1.3	4	3	24.0



Analysis: The locally agreed target for community services is currently 8 per annum, with a Commissioner review to take place after Q1 due to new testing method and target to be revised from Q2. 1 re-occurrence of C. Diff case reported in May. Further training from Consultant Microbiologist to raise awareness of C. Difficile and algorithm, new testing method and new decontamination methods to be implemented in C. Difficile. Further review of antibiotic policy to further reduce use of co- amoxiclav

2.1.2 MRSA Bacteraemia CQC N PCT SHA L M

Number of MRSA Cases	Cum Plan	Cum Actual	Cum Variance	Yr end Forecast
1	0.2	1	1	6.0



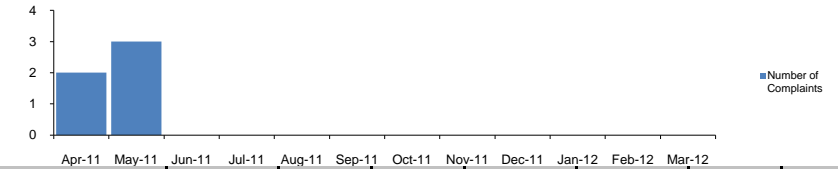
Analysis: Community have been allocated a target of 1 from the Commissioner. The MRSA case was a patient in receipt of foot health services. On admission to hospital pre-48 hour MRSA bacteraemia identified.

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). 3 complaints received in May 1 for WPRH, handled informally. 2 for Health Visiting service, 1 of which handled informally.

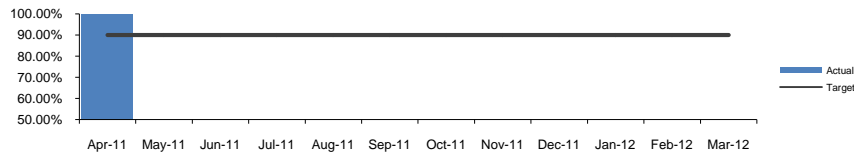
Current Month	Cum Actual	Yr End Actual	Yr End FOT
May-11	3	5	67
			30



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	Feb-11 Validated	Mar-11 Validated	Apr-11 Validated
90%	100%	100%	100%



Analysis:

4) EFFICIENCY AND EFFECTIVENESS

4.1 Service Delivery

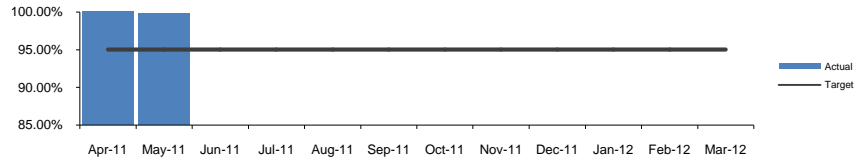
4.1.1 18 week Referral to Treatment (RTT)

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.

Non-Admitted (incomplete)

Target	May-11
95%	99.80%



Analysis:- We are currently undertaking a programme of reporting for 18 weeks. Data is currently supplied for Paediatrics, Elderly and Rehab services.

Specialty:

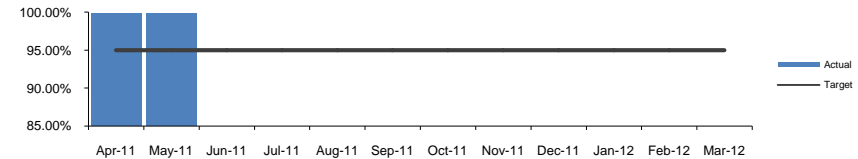
Specialty:

Comments

All specialties achieved the target in the current month.

Non-Admitted

Target	May-11
95%	99.80%



Analysis:- We are currently undertaking a programme of reporting for 18 weeks. Data is currently supplied for OCAS, Cash, Paediatrics, Elderly and Rehab services.

Specialty:

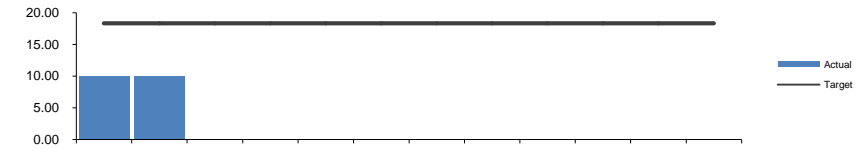
Specialty:

Comments

All specialties achieved the target in the current month.

Non-Admitted (95th percentile)

Target	May-11
18.3	10



Analysis:- We are currently undertaking a programme of reporting for 18 weeks. Data is currently supplied for OCAS, Cash, Paediatrics, Elderly and Rehab services.

Specialty:

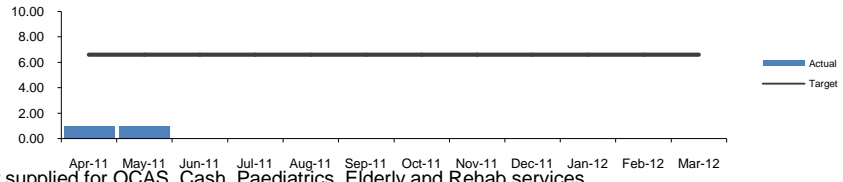
Specialty:

Comments

All specialties achieved the target in the current month.

Non-Admitted (median)

Target	May-11
6.60	1.00



Analysis:- We are currently undertaking a programme of reporting for 18 weeks. Data is currently supplied for OCAS, Cash, Paediatrics, Elderly and Rehab services.

Specialty:

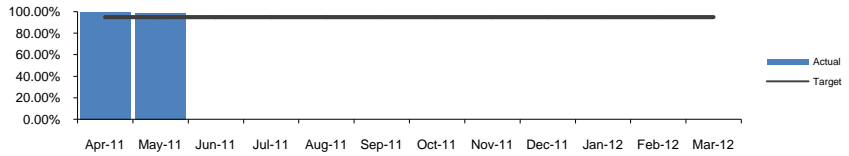
Specialty:

Comments

All specialties achieved the target in the current month.

Audiology 18 week referral to Treatment Non-Admitted

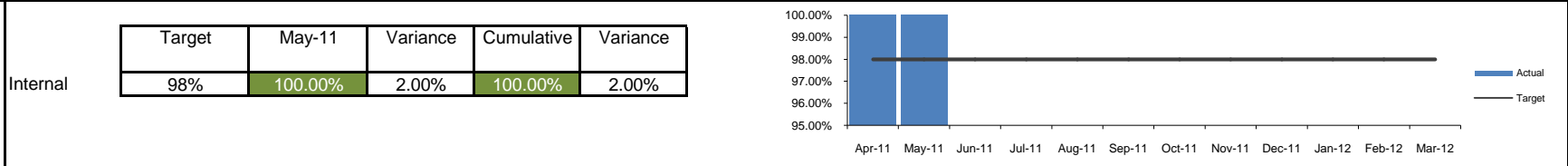
Target	May-11
95%	98.98%



Analysis:- Audiology had been identified as a hot spot nationally and therefore is reported separately.

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.



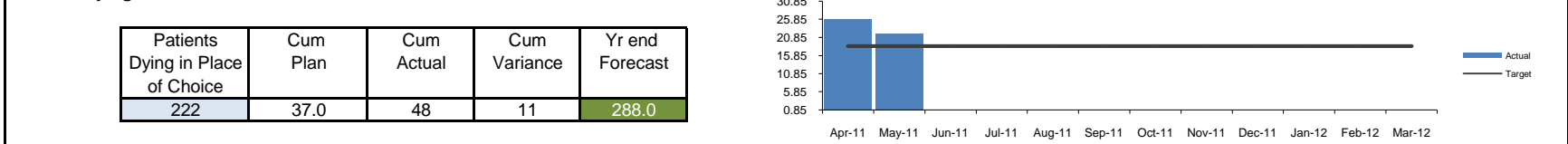
Analysis: The analysis above shows Phoenix Walk-In Centre Type 3 Emergency attendances by latest full month and cumulatively. These figures form part of the overall A&E figures within the RWHT section of the report. Although the DH threshold for A&E has been reduced to 95% in the revised Operating Framework, we continue to monitor against an internal target of 98% which indicates our commitment to ensuring patients receive quality care as quickly as their clinical condition allows.

Actions:

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.

	May-11	Comments
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.	21	Target of 28 (7 per week)
No patient will wait longer than 13 weeks for out-patient consultation	0	

4.1.4 Patients Dying in Place



Analysis:-

4.2	Workforce																									
4.2.2	Education and Training					L	NHS C																			
<p>Annual Appraisal: Workforce performance outcomes will be addressed through the Trust's annual appraisal and personal development processes. This indicator shows the percentage of all staff who have had an appraisal in the last 12 month. For 2010/2011 the target has been increased from 75% to 80% as year two progress towards 95% at year five.</p>																										
<table border="1"> <thead> <tr> <th>Target</th> <th>May-11</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>80.00%</td> <td>85.00%</td> <td>5.00%</td> </tr> </tbody> </table>			Target	May-11	Variance	80.00%	85.00%	5.00%	<p>The chart displays the percentage of staff who have had an appraisal in the last 12 months. The y-axis ranges from 76% to 86%. The x-axis shows months from Apr-11 to Mar-12. A horizontal line represents the target at 80%. Two blue bars represent actual data: Apr-11 is at approximately 78% and May-11 is at approximately 85%.</p> <table border="1"> <caption>Actual Appraisal Data</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Apr-11</td> <td>78.00%</td> <td>80.00%</td> </tr> <tr> <td>May-11</td> <td>85.00%</td> <td>80.00%</td> </tr> </tbody> </table>									Month	Actual (%)	Target (%)	Apr-11	78.00%	80.00%	May-11	85.00%	80.00%
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<p>Analysis: Action plans to achieve full compliance.</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"> <thead> <tr> <th>Target</th> <th>May-11</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>75.00%</td> <td>77.00%</td> <td>2.00%</td> </tr> </tbody> </table>			Target	May-11	Variance	75.00%	77.00%	2.00%	<p>The chart displays the percentage of staff who have completed mandatory training in the last 12 months. The y-axis ranges from 0% to 100%. The x-axis shows months from Apr-11 to Mar-12. A horizontal line represents the target at 75%. Two blue bars represent actual data: Apr-11 is at approximately 60% and May-11 is at approximately 77%.</p> <table border="1"> <caption>Actual Mandatory Training Data</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Apr-11</td> <td>60.00%</td> <td>75.00%</td> </tr> <tr> <td>May-11</td> <td>77.00%</td> <td>75.00%</td> </tr> </tbody> </table>									Month	Actual (%)	Target (%)	Apr-11	60.00%	75.00%	May-11	77.00%	75.00%
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<p>Actions:</p>																										

5) FINANCE

5.1 SLA Income v plan
 5.2 Expenditure Variance v plan
 5.3 Income & expenditure variance vs plan
 5.4 Forecast income & expenditure vs plan
 5.5 EBITDA v plan
 5.6 Delivery of CIP

Analysis:

		1.	2.	3.	4.	5.	6.	
		SLA income against plan <u>Cum.</u>	Expenditure variance vs. Plan <u>Cum.</u>	Income and expenditure surplus <u>Cum.</u>	FORECAST Income and expenditure vs. plan <u>Cum.</u>	Depn (per current corp. recharge) <u>Cum.</u>	EBITDA <u>Cum.</u>	Delivery of CIP
		(underperf.) £'000	(overspent) £'000	(overspent) £'000	(underspent) £'000	£'000	£'000	£'000
Month								
1	Apr-11	0	17	17	0	16	1	95
2	May-11	0	30	30	0	16	14	95
3	Jun-11	0	0	0	0	16	(16)	95
4	Jul-11	0	0	0	0	16	(16)	95
5	Aug-11	0	0	0	0	16	(16)	95
6	Sep-11	0	0	0	0	16	(16)	95
7	Oct-11	0	0	0	0	16	(16)	95
8	Nov-11	0	0	0	0	16	(16)	95
9	Dec-11	0	0	0	0	16	(16)	95
10	Jan-12	0	0	0	0	16	(16)	95
11	Feb-12	0	0	0	0	16	(16)	95
12	Mar-12	0	0	0	0	16	(16)	95
						<u>191</u>	<u>(191)</u>	<u>1,134</u>

Narrative

1. SLA Income Variance vs. Plan - 2011/12 expected to Break-even.
2. Expenditure variance vs. Plan - net vacancies
3. Income & Expenditure variance vs. Plan - (1. + 2. combined)
4. Forecast Income & Expenditure variance vs. Plan.
5. EBITDA is in line with plan; only £191k depreciation - per the latest Corporate recharge figures
6. Delivery of CIP - £1,314, has been achieved from the 1st April , with £462k still to be achieved; Target is £1,776k