







Trust Board Report

Meeting Date:	24 th October 2011
Title:	Performance Report
Executive Summary:	<p>This report provides the Board with an update of performance against national and local performance indicators. This includes the Monitor Compliance Framework and DH requirements.</p> <p>It also provides assurances to the Board of the actions taken for any indicator that is underperforming.</p>
Action Requested:	<p>To note: current progress</p> <p>To approve: any corrective actions identified.</p>
Report of:	Chief Operating Officer
Author: Contact Details:	<p>Head of Performance & Compliance</p> <p>Tel: 01902 694366 Email: simon.evans8@nhs.net</p>
Resource Implications:	None
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	-
Appendices/ References/ Background Reading	Detailed Performance Report
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none">  Equality of treatment and access to services  High standards of excellence and professionalism  Service user preferences  Cross community working  Best Value  Accountability through local influence and scrutiny

Detail

1

Background

This report provides an overview of the performance of the Trust and covers national, regulatory and local performance indicators (PIs). The report contains a summary of all performance for both acute and community activity. Where possible performance is now integrated to give one measure. However, some indicators are required (nationally) to be reported separately whilst some indicators are solely for acute or community activity, in these instances the report clearly denotes whether the PI is either Acute Only (A), Integrated (I) or Community Only (C).

Further indicators have been added this month, they include:-

- VTE Risk Assessment
- Stroke/TIA – CT scan within 24 hours of admission
- Stroke/TIA – percentage of patients who spend 90% or more of their inpatient stay on a dedicated Stroke Unit
- Stroke/TIA – percentage of patients of high risk patients assessed and treated within 24 hours

For a more comprehensive view of the performance for all indicators please see the Detailed Performance Report which can be found at appendix A – **please do not print Appendix A unless absolutely necessary**

2

Report Contents

This report covers the following areas:

- Performance Dashboard
- Exception Reports (Red rated PIs)
- Activity Dashboard (community activity only)

In addition to the overview of performance this report also includes the National NHS Performance framework results for the trust. This is Quarter 1 data and was published by the Department of Health on 5th October 2011.

3

Performance Report Dashboard

The summary report provides a dashboard using the themes within the detailed report to give an overview of performance. To accompany this, an exception report has been provided for any PI that has been reported as RED. This gives the Board an overview of performance and details the areas that are underperforming and the corrective actions that have been taken. The dashboard covers each of the PIs that are reported within the detailed report; however the dashboard simply covers the themes through which have previously been reported to Board. A legend which explicitly details which regulator monitors the PI is also found in appendix A.

Theme	Red	Amber	Green	Total
<u>Patient Safety</u> There are 5 indicators measured in this section, covering C Difficile, MRSA, E. Coli (no target yet), Re-admissions and VTE risk assessments	1	1	2	4
<u>Patient Experience</u> There are 4 indicators in this section. Although, the number of formal complaints received does not carry a target as the Trust welcomes all feedback.	0	0	3	3
<u>Service Delivery</u> This section is measured by a suite of 40 indicators, covering RTT, A&E, New & Existing national targets, patients dying in place of choice, length of stay, day case rates, theatre utilisation and Stroke/TIA	5	0	34	39
<u>Workforce</u> This section is measured by 13 different indicators covering, recruitment and retention, turnover, sickness absence, temporary staffing (agency), European Working Time Directive (EWTD) and training and education.	3	3	7	13
Totals	9	4	46	59
Last Month	13	1	39	53
Trend (Trends are not possible this month as additional PIs have been added)				

PLEASE NOTE: The Monitor Compliance Framework indicators are included in the summary dashboard above, however, they are also provided as separate dashboard as they form part of the Monitor Compliance Framework.

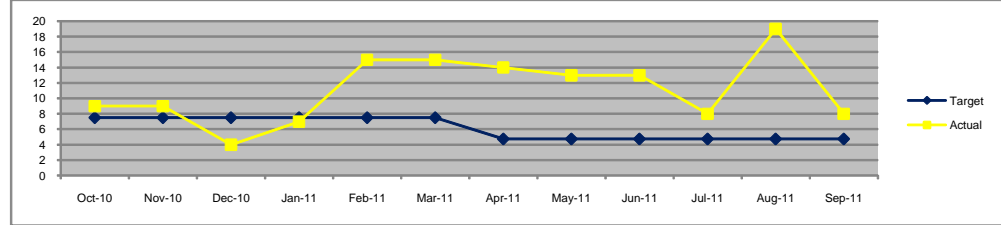
Following completion of the Annual Plan Review and consideration of the amendments to the 2011/12 Operating Framework relating to the A&E indicators, Monitor’s Board has agreed to make a change to how Monitor will use the A&E clinical quality indicators to assess governance risk in the Compliance Framework. This has resulted in 4 of the A&E indicators being removed from the Monitor Compliance Framework. This means that there are now a total of 15 indicators reduced down from 19.

Theme	Red	Amber	Green	Total
<p><u>Monitor Compliance Framework</u></p> <p>This sets out the approach Monitor will take to assess compliance of NHS Foundation Trusts and to intervene where necessary. This is made up of a set of 15 indicators</p>	1	0	14	15

Exception Reports

2.1.1 Clostridium Difficile - hospital acquired for ages >2 years CQC N PCT SHA L M

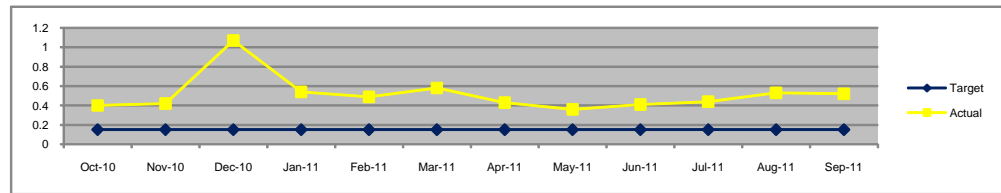
Number of C Diff Cases (Target)	Cum Plan	Cum Actual	Cum Variance	Year End Forecast
57	28.5	75	46.5	150



Time to Initial Assessment (for ambulance patients) A

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	Sep-11	Current Month Variance
< 15 mins	00:52	37 mins

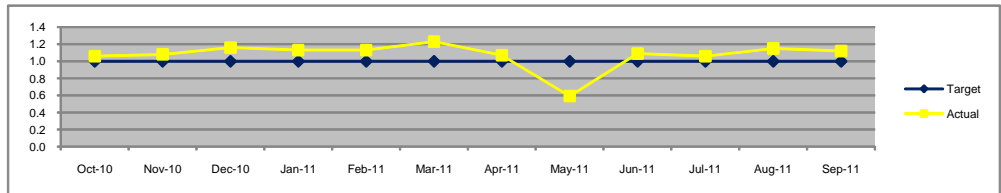


Analysis: This indicator has remained above target since shadow monitoring began in October 2010. Work continues within the department to work towards reducing the initial assessment for ambulance patients.

Time to Treatment Decision (Median) A

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

Target	Sep-11	Current Month Variance
< 60 mins	01:12	12 mins

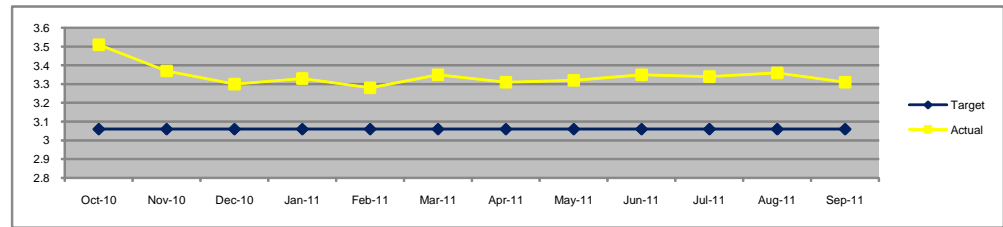


Analysis: With the exception of May 2011 this indicator has remained slightly above target since shadow monitoring began in October 2010. Work continues within the department to work towards reducing the time to treatment decision.

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	Sep-11	Current Month Variance
3.06	3.31	0.25



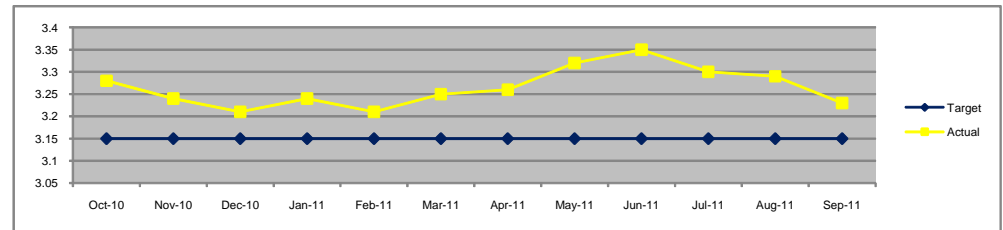
Analysis: This is a slight improvement from the position reported in July of 3.36, remaining above target by 0.25.

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

Non-Elective Length of Stay

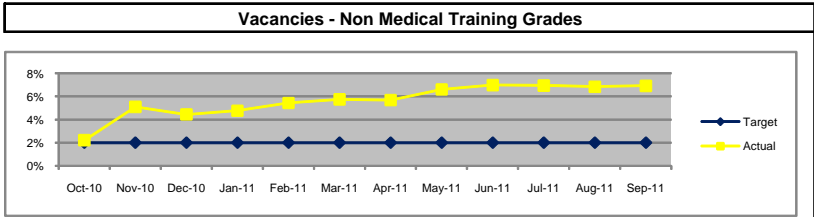
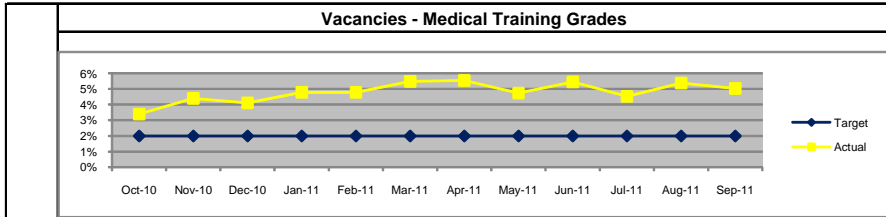
We continually strive to reduce length of stay in an effort to improve the patient experience by avoiding unnecessarily long stays in hospital. This also ensures that we are optimising the available bed capacity. Figures below show a 12 month moving average. The target for 2011/12 remains unchanged pending the commencement of the capacity and demand project.

Target per Month	Sep-11	Current Month Variance
3.15	3.23	0.08



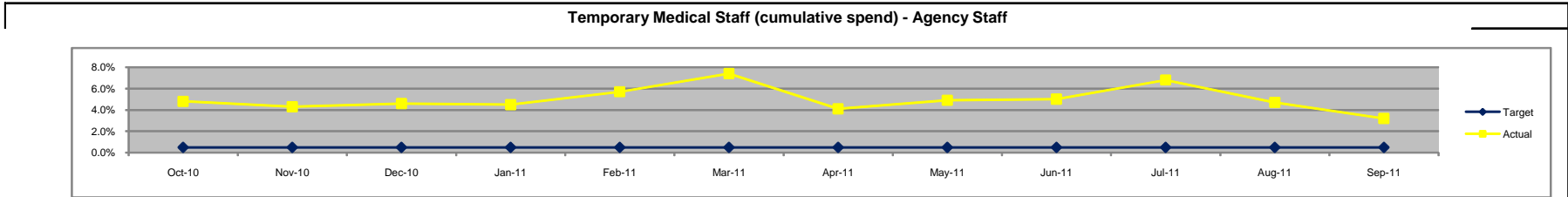
Analysis: This is a slight improvement from the position reported in August of 3.29, remaining above target by 0.08.

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



Analysis: Vacancies have remained fairly constant and are still evident in Emergency Medicine, Cardiology and Paediatrics

Actions: All vacant posts are being advertised.



Analysis: There has been no agency expenditure for nursing staff during September. In terms of medical agency there has been a reduction in month of 1.5% from 4.7% in August to 3.2% in September. **Surgical Division** has seen a reduction in month from £129K in August to £20K in September. Agency expenditure in Critical Care remained high during September due to the use of agency staff grades. **Medical Division** saw an increase in month from £76K in August to £93K in September. 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. **Community Services** saw an increase in month from £25K in August to £43K in September. Expenditure was high in Rehabilitation due to the use of a locum service to cover long term sick leave for a specialty doctor.

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

100

This is a deterioration from the August position of 51. A high number of patients were ready for discharge all at the same time, this caused great pressure on the system particularly for the patients who needed Social Service input.

5

Activity Dashboard (community activity only)

It is important to note that the data for community activity only covers the period up to July, efforts are underway to align the data collection systems with those of acute activity which currently reports August data.

Theme	Red	Amber	Green	Total
<u>Rehabilitation</u> Covering inpatient/outpatient clinics for services such as care of the elderly, rehabilitation and falls assessment	4	2	6	12
<u>Community Nursing</u> Covering 11 services including community matrons, district nursing and Walk-in-Centre.	5	2	4	11
<u>Child and Family Services</u> Total of 6 services from school nursing to contraceptive and sexual health services	1	2	3	6
<u>Allied Health Professionals</u> Total of 8 services from physiotherapy, OT, speech and language therapy and foot health.	2	3	3	8
<u>Healthy Lifestyles</u> Total of 4 services including food health, walking for health, smoking cessation and health trainers.	3	-	1	4
Totals	15	8	18	41
Last Month	18	7	16	41
Trend (arrow indicates measure of improvement. i.e. ↑ is getting better)	↑	↓	↑	

Performance Update

Contract Variation for Healthy Lifestyle Services

Wolverhampton City PCT (WCPCT) commissioners have reviewed the existing Healthy Lifestyles Services (Health Trainers, Stop Smoking, Food Health and Walking for Health) and merged the resources invested in these to commission a comprehensive service model. This includes funding an additional Health Check service, development of Health Trainer champions and establishing specialist health trainers to provide smoking support, food health support, physical activity support and alcohol support. This will extend into higher steps of care to increase support provided around secondary prevention. This expansion reflects the good work delivered by the service to date and represents an approximate 20% increase in contract value.

Foot Health Services

In September WCPCT commissioners wrote to advise that the PEC has recommended formal withdrawal of the notice to terminate Foot Health Services. This is a very positive outcome and follows the significant work undertaken by the Foot Health team relating to the consultation process, together with WCPCT Board approval of changes to the current service. A joint project group has been established to implement the revised service model. The changes will take effect from 1 January 2012.

Special Reports

National NHS Performance framework – Quarter 1 overall results

Indicator	Scoring	Assessment
Overall Finance	3	Performing
Integrated Performance Measures	2.75	Performing
Registration	3 (no conditions)	Performing
User Experience	5	Performing
Overall Quality		Performing

RWHT is reported as 'performing'. A position which has remained unchanged from the opening assessment in Quarter 4 2008/09.

Across our region the following surround Trust's are reported as:-

'Performance Under Review' – for the following measures:-

- George Eliot Hospital – Quality: User Experience
- Wye Valley NHS Trust – Quality: User Experience
- Walsall Healthcare NHS Trust – Overall Quality Score
- University Hospital of North Staffordshire NHS Trust – Overall Quality Score and Quality: Integrated Performance Measures

'Under Performing' – for the following measures:-

- University Hospital of North Staffordshire NHS Trust – Quality of Services
- Shrewsbury & Telford Hospital NHS Trust – Overall Quality Score and Quality: Integrated Performance Measures
- Walsall Healthcare NHS Trust – Quality: User Experience