







Trust Board Report

Meeting Date:	28 th November 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: (e.g. 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).

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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 Better Care, Better Value results for Quarter 1, this data was published on 28th October 2011 and an update on A&E attendance rate.

Appendix 1 – Annual Plan Quarter 2 update

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.	1	0	2	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	4	1	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.	2	4	7	13
Totals	8	6	45	59
Last Month	9	4	46	59
Trend (Trends are not possible this month as additional PIs have been added)	↑	↓	↓	

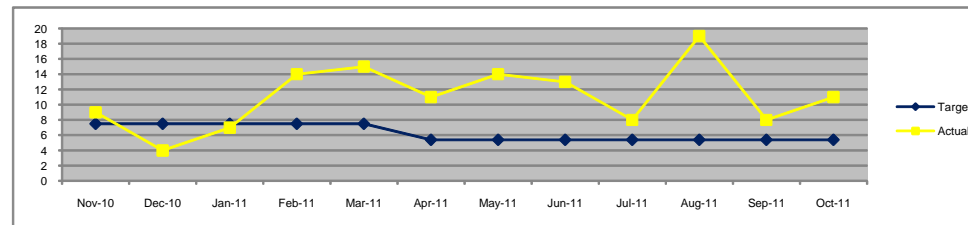
PLEASE NOTE: The Monitor Compliance Framework indicators are included in the summary dashboard above, however, they are also provided as separate dashboard as they form part of the Monitor Compliance Framework.

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										
	<table border="1"> <thead> <tr> <th>Number of C Diff Cases (Target)</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>37.8</td> <td>84</td> <td>46.2</td> <td>144</td> </tr> </tbody> </table>	Number of C Diff Cases (Target)	Cum Plan	Cum Actual	Cum Variance	Year End Forecast	57	37.8	84	46.2	144								
Number of C Diff Cases (Target)	Cum Plan	Cum Actual	Cum Variance	Year End Forecast															
57	37.8	84	46.2	144															
<p>Analysis: The cases reported are attributable as follows:- General Surgery/Urology x 1, Elderly Care/Stroke x 2, Rehab (West Park) x 1, Renal & Diabetes x 2, Respiratory/Gastro x 3 and Emergency Services x 2</p>																			



Two-stage testing was introduced to RWHT in January 2011. As anticipated the number of cases detected has increased. To gain assurance that this increase is related to testing methodology a ready-reckoner has been developed by the DH. Use of this tool has raised errors in the tool which are being discussed with the DH through SHAs. Substantively, a system for the collection of outcome indicators is being rapidly developed as part of a robust action plan across Wolverhampton to establish if patient outcomes (i.e. severity of disease and mortality) have improved despite numbers reported rising and to help establish priorities to reduce numbers. This includes the following:

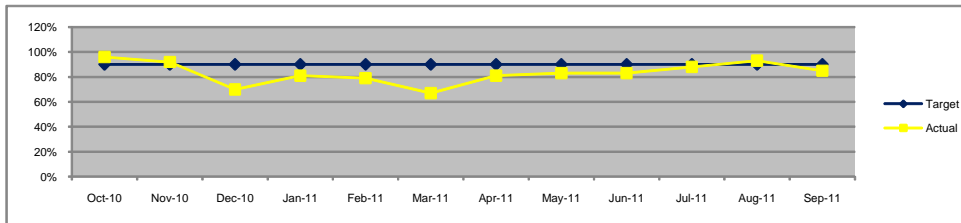
- Time to treatment
- Time to isolation (for inpatients)
- Number of severe cases as a proportion of all cases
- Relapse rate
- Duration of symptoms (including post discharge follow up)
- 30 day all cause mortality
- Attributable mortality

The Infection Prevention and Control Committee continue to scrutinise figures and monitor outcomes monthly.

3.2 Complaints resolved within 25 days L NHS C I

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	July 11 Validated	August 11 Validated	Sept 11 Validated
90%	88%	93%	85%

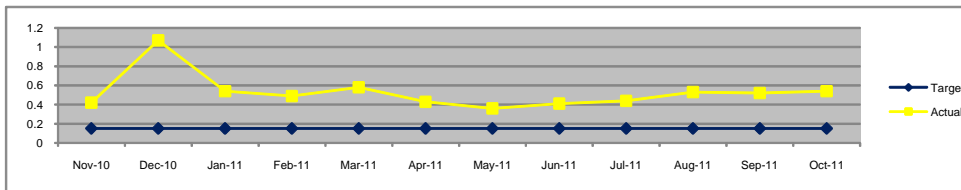


Analysis: 39 complaints were received in September, 18 of which were responded to within 25 working days. 21 complaints took longer than 25 working days, 5 of which had obtained consent to breach (1 A/E, 1 General Surgery, 1 Trauma and Orthopaedics, 1 Respiratory, 1 Oncology & Haematology), 5 complaints did not have consent to breach (2 A&E, 1 Elderly Medicine, 1 General Surgery, 1 Obstetric & Gynaecology). 11 complaints remain open 10 of which have consent to breach (8 A/E, 1 Renal, 1 Elderly Medicine), 1 complaint did not have consent to breach (A&E)

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	Oct-11	Current Month Variance
< 15 mins	00:54	39 mins

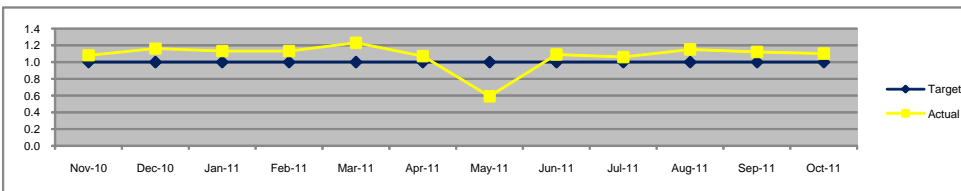


Analysis: This indicator has remained above target since shadow monitoring began in October 2010. Work continues within the department to work towards reducing the initial assessment for ambulance patients.

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	Oct-11	Current Month Variance
< 60 mins	01:10	10 mins



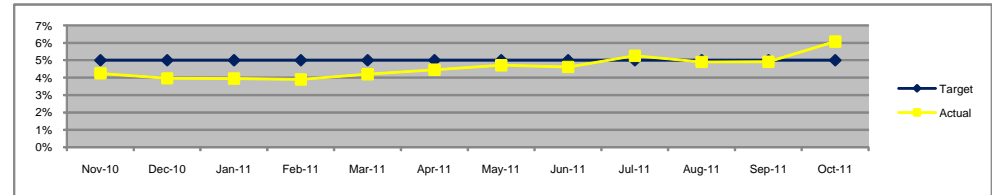
Analysis: With the exception of May 2011 this indicator has remained slightly above target since shadow monitoring began in October 2010. Work continues within the department to work towards reducing the time to treatment decision.

Unplanned Re-attendance Rate

A

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

Target	Oct-11	Current Month Variance
< 5%	6.08%	-0.56%

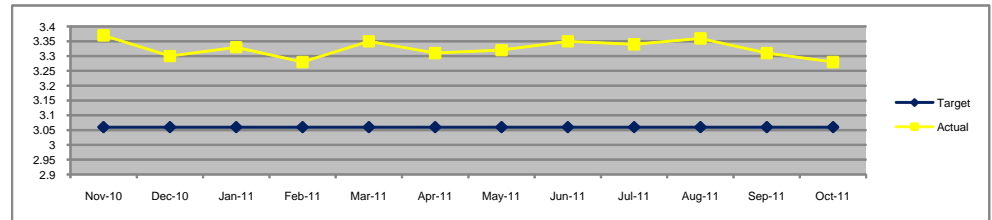


Analysis: See separate note on page 10

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.

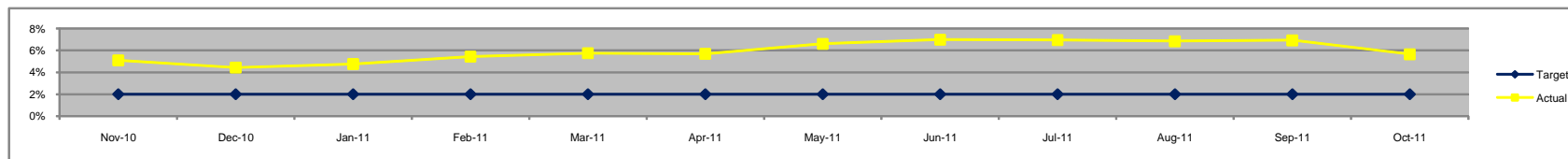
Target per Month	Oct-11	Current Month Variance
3.06	3.28	0.22



Analysis: This is a slight improvement from the position reported in September of 3.31, remaining above target by 0.22.

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

Vacancies - Non Medical Training Grades



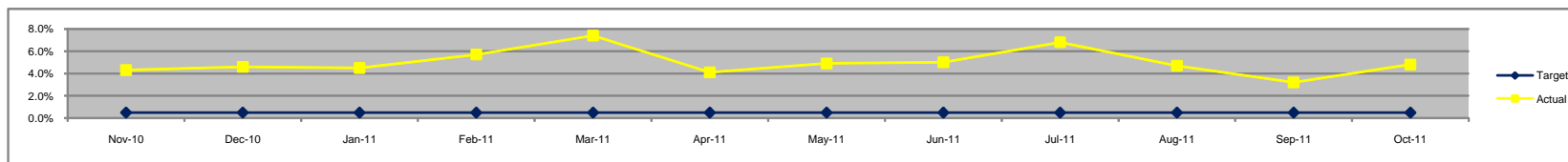
Analysis: Vacancies for training and non-training have decreased. Vacancies are still evident in Emergency Medicine, Cardiology and Paediatrics

Actions: All vacant posts are being advertised.

4.2.4 Temporary Staffing

L

Temporary Medical Staff (cumulative spend) - Agency Staff



Analysis: There has been no agency expenditure for nursing staff during October. In terms of medical agency there has been an increase in month of 1.6% from 3.2% in September to 4.8% in October. **Surgical Division** has seen an increase in month from £20K in September to £61K in October. Agency expenditure in Critical Care remained high during October due to the use of agency staff grades. **Medical Division** saw an increase in month from £93K in September to £155K in October. 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 a decrease in month from £43K in September to £15K in October. Expenditure remains high in Rehabilitation due to the use of a locum service to cover long term sick leave for a specialty doctor.

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Activity Dashboard (community activity only)

It is important to note that the data for community activity only covers the period up to September.

Theme	Red	Amber	Green	Total
Rehabilitation Covering inpatient/outpatient clinics for services such as care of the elderly, rehabilitation and falls assessment	6	0	6	12
Community Nursing Covering 11 services including community matrons, district nursing and Walk-in-Centre.	5	1	5	11
Child and Family Services Total of 6 services from school nursing to contraceptive and sexual health services	0	3	3	6
Allied Health Professionals Total of 8 services from physiotherapy, OT, speech and language therapy and foot health.	3	1	4	8
Healthy Lifestyles Total of 4 services including food health, walking for health, smoking cessation and health trainers.	3	1	0	4
Totals	17	6	18	41
Last Month	15	8	18	41
Trend (arrow indicates measure of improvement. i.e. ↑ is getting better)	↓	↑	→	

Of the 17 RED rated indicators 7 of these are operating under the contract levels. The departure of the Podiatry Surgeon has been reported in previous months, Other RED indicators include:

- Falls assessment clinic (first and follow-up) is underperforming against plan, the introduction of a triage assessment function within the community falls team has led to a decrease in the number of referrals.
- Smoking quitters is behind plan although there is a data lag with this indicator as 4 weeks needs to pass before a client can be counted as a “quitter”
- Capacity issues are being addressed within the continence team to ensure adequate contact numbers are being met.
- Care of the elderly where a service review is currently underway to assess frequency of follow-up rates
- TB Service is behind trajectory as contact tracing is leading to performance issues.

Performance Update

A&E Unplanned Re-attendance Rate

The Department of Health is working with the Information Standards Board to align the data definitions for the A&E CDS more closely with the definitions for the A&E Clinical Quality Indicators, and further work will be undertaken to determine if a standard algorithm can be developed to make calculation of the re-attendance rate more consistent across trusts. The problem of having two descriptors has impacted on all organisations and there is still much discussion going on to determine this value. Any subsequent changes will, however, only have a small effect (in the order of 0.1%).

The English average is 7.3% (published data as of May 2001) and the West Midlands is 6.7% (removing some walk-in centres and non-comparable small organisations). Our organisation is below the median for the West Midlands at an average of 6.4%.

Work has started to address re-attendance rates, focussing initially on those that re-attend many times, including referring them to community matrons and GPs and treating the 'whole patient' (i.e. not individual clinical incidents when they visit). When benchmarking activity profiles with other local providers we believe we are one of very few trusts to be doing this.

The Accident and Emergency department now have a Director sponsored weekly performance group any action that has been developed is monitored at these meetings.

Non-elective length of stay

The Trust has achieved this challenging target for the first time during October 2011. This is a significant achievement and although elective length of stay remains above target this has also seen a significant downward trend over the last couple of months.

Special Reports

Better Care, Better Value – Quarter 1 results

The 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. 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 (PCT's) and acute hospital providers (AHT's) were published for the first time in October 2006 and are updated and republished every quarter thereafter. Unfortunately, the data is published with significant time lag and the information presented in this report relates to Q1 activity.

Comparison with other Trusts – The table below shows RWHT ranking out of 171 Trusts that are currently reported in the Better Care, Better Value indicators.

	Quarter 4 2010/11		Quarter 1 2011/12	
LOS	29th	Negative	24th	Positive
Day Case Rates	102nd	Negative	90th	Positive
Pre Op (Non-Elective)	138th	Positive	145th	Negative
Pre Op (Elective)	93rd	Negative	75th	Positive
DNA	116th	Negative	115th	Positive
New to Review	125th	Negative	134th	Negative
Emergency Readmission	139th	Negative	114th	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 4 2010/11		Quarter 1 2011/12	
LOS	1st	Static	1st	Static
Day Case Rates	8th	Static	6th	Positive
Pre Op (Non-Elective)	8th	Positive	10th	Negative
Pre Op (Elective)	5th	Negative	4th	Positive
DNA	9th	Static	9th	Static
New to Review	10th	Static	10th	Static
Emergency Readmission	10th	Negative	8th	Positive

Contents

1 Monitor Compliance Framework

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 - 2.1.1 Clostridium Difficile – hospital Acquired for ages > 2
 - 2.1.2 MRSA Bacteraemia
 - 2.1.3 E.Coli Bloodstream
- 2.2 Readmissions
- 2.3 VTE Risk Assessment

3 Patient Experience

- 3.1 Formal Complaints
- 3.2 Management of Complaints
 - Responses within agreed target dates (%)
- 3.3 Short Notice Cancellation of Operations

4 Efficiency and Effectiveness

- 4.1 Service Delivery
 - 4.1.1 18 week Referral to Treatment (RTT) & Audiology
 - 4.1.2 Accident & Emergency
 - 4.1.3 All other Existing and New National Targets
 - 4.1.4 Patients Dying in Place of Choice
 - 4.1.5 Length of Stay, Pre-op, Elective & Non-elective
 - 4.1.6 Day Case Rates
 - 4.1.7 Theatre Utilisation
 - 4.1.8 Stroke/TIA
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 - 4.2.1 Recruitment and Retention
 - 4.2.2 Turnover
 - 4.2.3 Sickness Absence
 - 4.2.4 Temporary Staffing
 - 4.2.5 European Working Time Directive (EWTD) - Junior Medics
 - 4.2.6 Education and Training
 - 4.2.6.1 Appraisal
 - 4.2.6.2 Generic Mandatory Training
 - 4.2.6.3 Information Governance Toolkit

5 Finance

- 5.1 SLA Income to date vs plan
- 5.2 EBITDA to date vs plan
- 5.3 Income & expenditure surplus to date vs plan
- 5.4 Forecast income & expenditure surplus vs plan
- 5.5 Cash balance to date vs plan
- 5.6 Delivery of Cost Improvement Programme
- 5.7 Actual performance against contract

6 Environment/Estate Development

- 6.1 The following areas will be reported monthly
 - Capital Programme is delivered to CRL
 - Capital spend is managed within plan
- 6.2 The following areas will be reported quarterly
 - Delivery of KPIs associated with the Estate Strategy
 - Business Cases approved for every scheme
- 6.3 The following areas will be reported bi-annually
 - Compliance with Good Corporate Citizenship Scheme
 - Reducing waste arisings
 - Waste recycling

Key to Symbols

CQC E	Existing Commitments
CQC N	National Priorities
PCT	Host Primary Care Trust
SHA	Strategic Health Authority
L	Local
M	Monitor
Dr F	Dr Foster Good Hospital Guide
QA	Quality Account
BCBV	Better Care, Better Value
NHS C	NHS Constitution
CQ	CQUIN
A	Acute
C	Community
I	Integrated

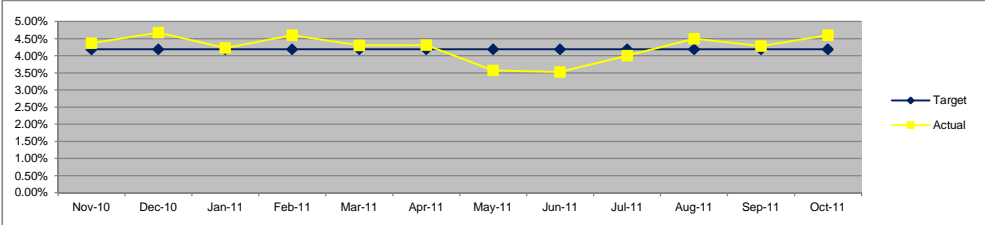
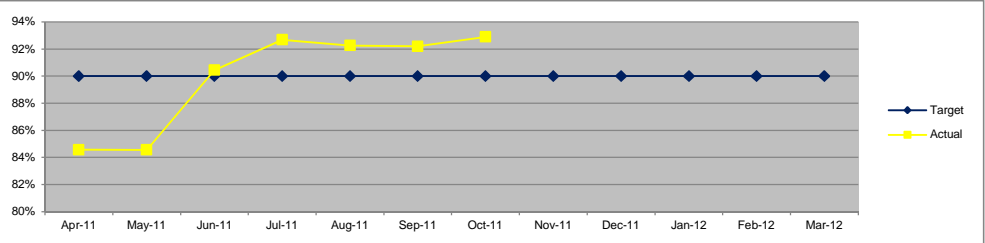
1.1 Foundation Trust - Compliance Framework

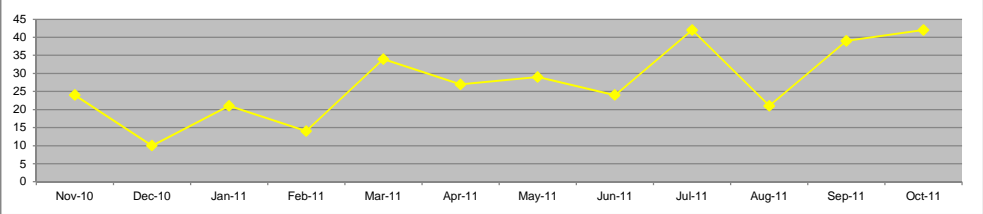
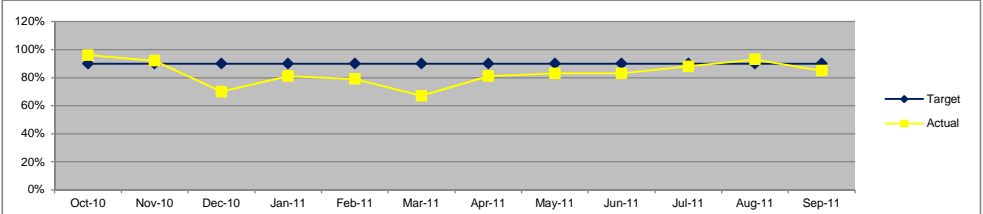
Performance Indicator	Threshold	Weighting	Sep-11				Quarter 2				Oct-11			
			Numerator	Denominator	Result	Weighted Score	Numerator	Denominator	Result	Weighted Score	Numerator	Denominator	Result	Weighted Score
Clostridium Difficile year on year reduction	57	1.0	8	5.4	2.6	1.0	31	16.2	14.8	1.0	11	5.4	5.6	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	55.5	64	86.72%	0.0	189	216	87.50%	0.0	69	78.5	87.90%	0.0
62 day wait for first treatment - from Consultant Screening service referral	90%		5	5.5	90.91%		29.5	30.5	96.72%		9.5	10.5	90.48%	
62 day wait for first treatment - Consultant Upgrades	85%		40.5	43	94.19%		104	107.5	96.74%		30.5	30.5	100.00%	
31 day wait for second or subsequent treatment - Surgery	94%	1.0	41	42	97.62%	0.0	122	124	98.39%	0.0	28	29	96.55%	0.0
31 day wait for second or subsequent treatment - Anti cancer drug treatments	98%		81	82	98.78%		235	236	99.58%		65	65	100.00%	
31 day wait for second or subsequent treatment - Radiotherapy	94%		126	127	99.21%		433	436	99.31%		78	79	98.73%	
31 day wait from diagnosis to first treatment - All cancers	96%	0.5	173	176	98.30%	0.0	550	558	98.57%	0.0	161	167	96.41%	0.0
Two week wait from referral to date first seen - All cancers	93%		552	592	93.24%		1665	1772	93.96%		554	592	93.58%	
Two week wait from referral - Symptomatic Breast	93%		117	123	95.12%		328	340	96.47%		144	148	97.30%	
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	95%	1.0	11338	11621	97.56%	0.0	36656	37398	98.02%	0.0	11382	11677	97.47%	0.0
Referral to treatment waiting times - Non-admitted 18.3 weeks (95th percentile)	18.3	1.0			14.31	0.0			14.29	0.0			15.31	0.0
Referral to treatment waiting times - Admitted 23 weeks (95th percentile)	23	1.0			18.26	0.0			18.40	0.0			17.23	0.0
Screening all elective in-patients for MRSA		0.5	6511	4643	140.23%	0.0	19460	13232	147.07%	0.0	6970	4426	157.48%	0.0
			Total				Total				Total			
			<u>1.0</u>				<u>1.0</u>				<u>1.0</u>			

- <1 = Green
- >1 - <2 = Amber - Green
- >2 - <4 = Amber - Red
- >4 = Red

The Trust overall performance for September 11 is rated as 1.0, this gives us an overall Governance risk rating of Amber-Green

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															
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2.1.2 MRSA Bacteraemia															
CQC N PCT SHA L M															
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1	0	0	0	0											
Analysis: This is the twenty eighth consecutive month without an MRSA Bacteraemia															
2.1.3 E Coli Bloodstream															
PCT SHA															
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8	0	59	59	101											
Analysis: We continue to record this indicator as surveillance only - no benchmark has been set for this indicator, Commissioners will continue to monitor numbers and will raise concerns if felt appropriate.															

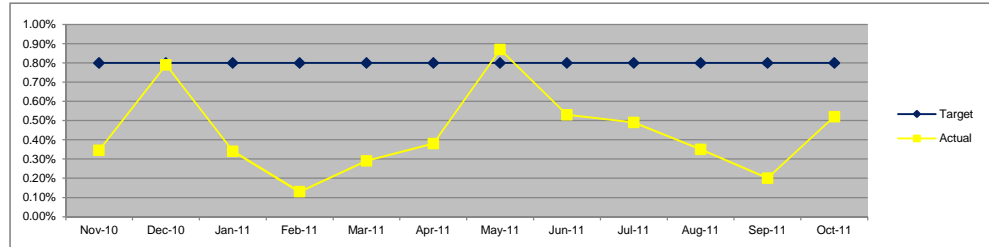
2.2 Readmissions	L	BCBV	A											
<p>Emergency Readmissions may be as a result of less than optimal treatment in hospital, badly organised rehabilitation or inadequate support services when a person is transferred home following treatment. This indicator measures the number of patients who are readmitted to hospital, within 30 days (new target for 2011/12) as a percentage of all discharges.</p>														
<table border="1" data-bbox="286 256 837 400"> <thead> <tr> <th>Target</th> <th>Aug-11</th> <th>Sep-11</th> <th>Oct-11</th> <th>Current Month Variance</th> </tr> </thead> <tbody> <tr> <td>4.19%</td> <td>4.50%</td> <td>4.28%</td> <td>4.60%</td> <td>-0.41%</td> </tr> </tbody> </table> 					Target	Aug-11	Sep-11	Oct-11	Current Month Variance	4.19%	4.50%	4.28%	4.60%	-0.41%
Target	Aug-11	Sep-11	Oct-11	Current Month Variance										
4.19%	4.50%	4.28%	4.60%	-0.41%										
<p>Analysis: Percentage of emergency readmissions within 30 days has shown a slight increase from the September position by 0.32%, 15% of these re-admissions were not related to the patients previous admission. We remain slightly above target.</p>														
2.3 VTE Risk Assessment	L													
<p>This indicator measures the percentage of patients who have undergone a VTE Risk Assessment on admission to hospital</p>														
<table border="1" data-bbox="286 651 613 794"> <thead> <tr> <th>Target</th> <th>Oct-11</th> <th>Current Month Variance</th> </tr> </thead> <tbody> <tr> <td>90%</td> <td>92.90%</td> <td>2.90%</td> </tr> </tbody> </table> 					Target	Oct-11	Current Month Variance	90%	92.90%	2.90%				
Target	Oct-11	Current Month Variance												
90%	92.90%	2.90%												
<p>Analysis: We continue to remain above target</p>														

3) PATIENT EXPERIENCE												
3.1 Formal Complaints		L	NHS C	I								
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.												
<table border="1"> <thead> <tr> <th>Current Month Oct 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>42</td> <td>224</td> <td>272</td> <td>384</td> </tr> </tbody> </table>		Current Month Oct 2011	Cum Actual	Year End Actual 2010/11	Year End Forecast 2011/12	42	224	272	384			
Current Month Oct 2011	Cum Actual	Year End Actual 2010/11	Year End Forecast 2011/12									
42	224	272	384									
3.2 Complaints resolved within 25 days		L	NHS C	I								
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.												
<table border="1"> <thead> <tr> <th>Target</th> <th>July 11 Validated</th> <th>August 11 Validated</th> <th>Sept 11 Validated</th> </tr> </thead> <tbody> <tr> <td>90%</td> <td>88%</td> <td>93%</td> <td>85%</td> </tr> </tbody> </table>		Target	July 11 Validated	August 11 Validated	Sept 11 Validated	90%	88%	93%	85%			
Target	July 11 Validated	August 11 Validated	Sept 11 Validated									
90%	88%	93%	85%									
<p>Analysis: 39 complaints were received in September, 18 of which were responded to within 25 working days. 21 complaints took longer than 25 working days, 5 of which had obtained consent to breach (1 A/E, 1 General Surgery, 1 Trauma and Orthopaedics, 1 Respiratory, 1 Oncology & Haematology), 5 complaints did not have consent to breach (2 A&E, 1 Elderly Medicine, 1 General Surgery, 1 Obstetric & Gynaecology). 11 complaints remain open 10 of which have consent to breach (8 A/E, 1 Renal, 1 Elderly Medicine), 1 complaint did not have consent to breach (A&E)</p>												

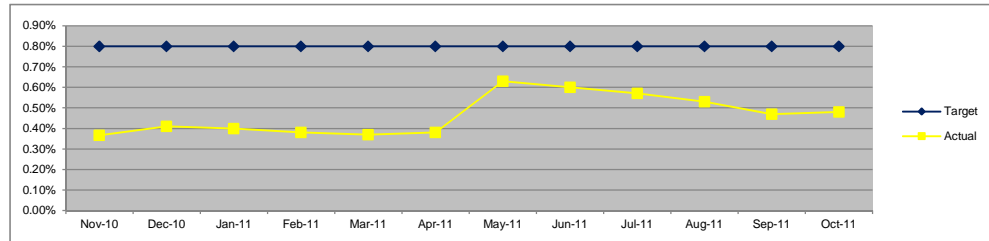
3.3 Short Notice Cancellation of Operations CQC N L A

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	August 11 Actual	Sept 11 Actual	Oct 11 Actual
0.80%	0.35%	0.20%	0.52%



Cumulative	Aug-11	Sep-11	Oct-11
Cancellations	164	177	209
Elec Procedures	31231	37669	43824
Cumulative %	0.53%	0.47%	0.48%



	Anaes not available	Cath Lab out of order	Ran out of theatre time	More urgent case(s)	No beds	Surgeon not avail	Staff Sickness	Total
Urology			2					2
Gen Surg	2		2	1		4		9
Cardiac			2	1				3
Gynae			3					3
Ortho					5			5
Cardiology		8	1					9
H&N					1			1
Ophthal								0
Total	2	8	10	2	6	4	0	32

Actions: 32 operations were cancelled during October, this a deterioration from 13 in September. 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.

4) EFFICIENCY AND EFFECTIVENESS

4.1 Service Delivery

4.1.1 18 week Referral to Treatment (RTT)

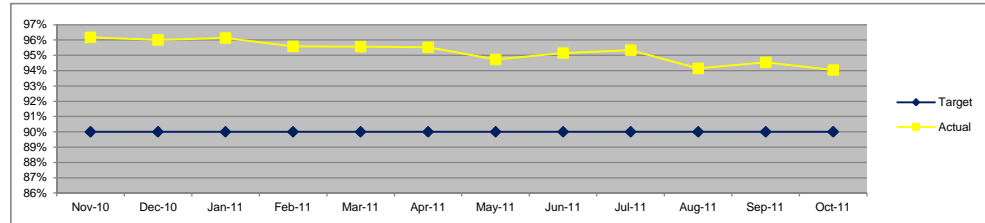
CQC N PCT QA I

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

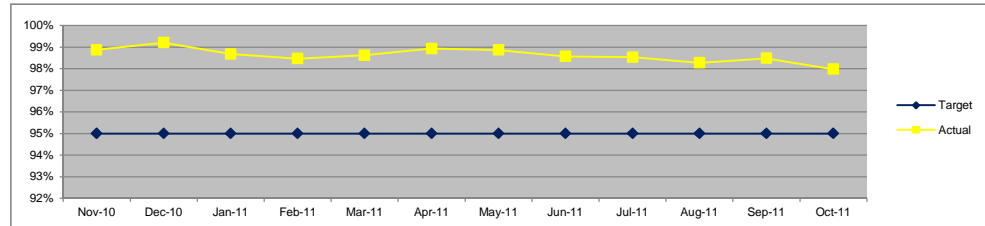
Admitted

Target	Oct-11
90%	94.04%



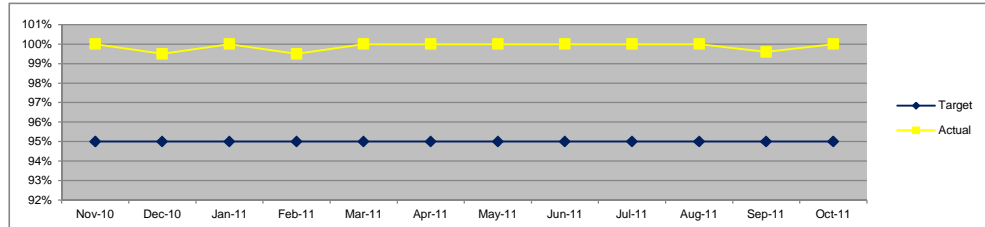
Non-admitted

Target	Oct-11
95%	97.98%



Non-admitted - Audiology (Community only)

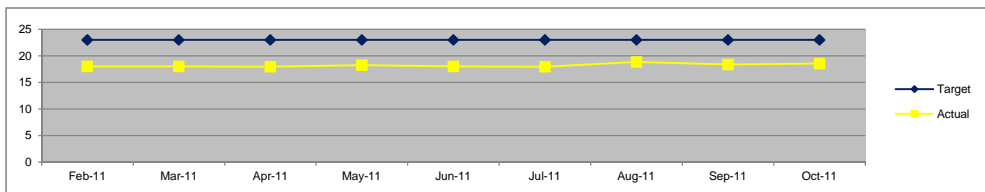
Target	Oct-11
95%	100.00%



Comments: All specialties achieved the target during October

Admitted - 95th Percentile within 23 weeks

Target	Oct-11
< 23	18.55



Comments:

Non-admitted - 95th Percentile within 18.3 weeks												
<table border="1"> <tr> <td>Target</td> <td>Oct-11</td> </tr> <tr> <td>< 18.3</td> <td>15.31</td> </tr> </table>		Target	Oct-11	< 18.3	15.31							
Target	Oct-11											
< 18.3	15.31											
Comments:												
4.1.2 Accident & Emergency		CQC	E	PCT	SHA	M	QA	I				
4 Hour Wait												
95% 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 5% tolerance is in place to reflect the complexity of clinical condition.												
The Accident and Emergency department have recently been involved in a departmental Listening into Action event. During this review the department has looked at delivery of care and new ways of working in order to aid with the recording and achievement of the new targets.												
		Target	Oct-11	Current Month Variance	Cumulative	Current Month Variance						
New Cross Hospital	95%	95.75%	0.75%	97.39%	2.39%							
Walk-in & DOC	95%	100.00%	5.00%	100.00%	5.00%							
Overall	95%	97.26%	2.26%	98.26%	3.26%							
Analysis: The analysis above shows RWHT internal performance and the overall health economy performance, both by latest full month and cumulatively.												
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.												
<table border="1"> <tr> <td>Target</td> <td>Oct-11</td> <td>Current Month Variance</td> </tr> <tr> <td>< 15 mins</td> <td>00:54</td> <td>39 mins</td> </tr> </table>		Target	Oct-11	Current Month Variance	< 15 mins	00:54	39 mins					
Target	Oct-11	Current Month Variance										
< 15 mins	00:54	39 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							
<table border="1"> <thead> <tr> <th>Target</th> <th>Oct-11</th> <th>Current Month Variance</th> </tr> </thead> <tbody> <tr> <td>< 60 mins</td> <td>01:10</td> <td>10 mins</td> </tr> </tbody> </table>	Target	Oct-11	Current Month Variance	< 60 mins	01:10	10 mins	
Target	Oct-11	Current Month Variance					
< 60 mins	01:10	10 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.							
Unplanned Re-attendance Rate			A				
To reduce unavoidable re-attendances at Accident & Emergency by improving the care and communication delivered during the original attendance.							
<table border="1"> <thead> <tr> <th>Target</th> <th>Oct-11</th> <th>Current Month Variance</th> </tr> </thead> <tbody> <tr> <td>< 5%</td> <td>6.08%</td> <td>-0.56%</td> </tr> </tbody> </table>	Target	Oct-11	Current Month Variance	< 5%	6.08%	-0.56%	
Target	Oct-11	Current Month Variance					
< 5%	6.08%	-0.56%					
Analysis: See separate note on page 10							
Left Without Being Seen			A				
To improve patient experience and reduce the clinical risk to patients who leave Accident & Emergency before receiving the care they need.							
<table border="1"> <thead> <tr> <th>Target</th> <th>Oct-11</th> <th>Current Month Variance</th> </tr> </thead> <tbody> <tr> <td>< 5%</td> <td>3.85%</td> <td>-0.89%</td> </tr> </tbody> </table>	Target	Oct-11	Current Month Variance	< 5%	3.85%	-0.89%	
Target	Oct-11	Current Month Variance					
< 5%	3.85%	-0.89%					
Analysis:							

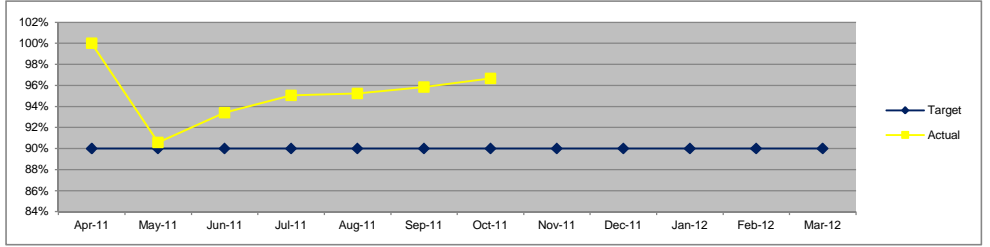
4.1.3 Care Quality Commission - Existing Commitments & National Priorities (not already covered in report). Indicators for 2010/11 are yet to be finalised therefore reporting will continue against those indicators used in the 2009/10 Periodic Review process.

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%	92.97%
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 (3.5%)	2.0%	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%)	93.58%
Two Week Wait for symptomatic breast patients (cancer not initially suspected) (93%)	97.30%	31 day (diagnosis to treatment) Wait for first treatment - all cancers (96%)	96.41%
31 day wait for second or subsequent treatment: Surgery (94%)	96.55%	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%)	98.73%	62 days (traditional) from urgent GP referrals to first definitive cancer treatment - all cancers (85%)	87.90%
62 day wait for first treatment from consultant screening - all cancers (90%)	90.48%	62 days for first treatment for those patients who are upgraded with a suspicion of cancer (85%)	100.00%
Cancelled operations - patients not readmitted with 28 days	0	Infant health and inequalities (smoking and breastfeeding initiation) - identify all mothers	100.00%

Comments:
62 Day Traditional - 13 breaches - 4 x further investigations, 6 x tertiary referrals received at 49 days or more, 1 x patient initiated and 2 complex cases. Late referrals from other hospitals continue to be a problem.

4.1.4 Patients Dying in Place of Choice **C**

Target	Oct-11	Current Month Variance
90%	96.67%	6.67%



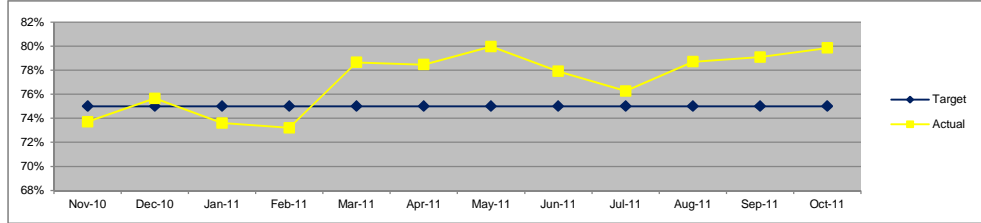
Comments: This measure is a percentage of the total number of patients in contact with the service who have died in their place of choice.

4.1.5 Pre-Op Length of Stay	L	BCBV	A							
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.										
<table border="1" data-bbox="286 229 613 373"> <thead> <tr> <th>Target per Month</th> <th>Oct-11</th> <th>Current Month Variance</th> </tr> </thead> <tbody> <tr> <td>14%</td> <td>12.54%</td> <td>-1.46%</td> </tr> </tbody> </table>	Target per Month	Oct-11	Current Month Variance	14%	12.54%	-1.46%				
Target per Month	Oct-11	Current Month Variance								
14%	12.54%	-1.46%								
Analysis: Percentage of bed days spent pre-operatively has shown an improvement from the position reported in September of 11.88%, we remain below target by 1.46%.										
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.										
<table border="1" data-bbox="286 644 613 788"> <thead> <tr> <th>Target per Month</th> <th>Oct-11</th> <th>Current Month Variance</th> </tr> </thead> <tbody> <tr> <td>3.06</td> <td>3.28</td> <td>0.22</td> </tr> </tbody> </table>	Target per Month	Oct-11	Current Month Variance	3.06	3.28	0.22				
Target per Month	Oct-11	Current Month Variance								
3.06	3.28	0.22								
Analysis: This is a slight improvement from the position reported in September of 3.31, remaining above target by 0.22.										
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.										
<table border="1" data-bbox="286 1066 613 1209"> <thead> <tr> <th>Target per Month</th> <th>Oct-11</th> <th>Current Month Variance</th> </tr> </thead> <tbody> <tr> <td>3.15</td> <td>3.15</td> <td>0.00</td> </tr> </tbody> </table>	Target per Month	Oct-11	Current Month Variance	3.15	3.15	0.00				
Target per Month	Oct-11	Current Month Variance								
3.15	3.15	0.00								
Analysis: This is the first time that Trust has achieved this target, we will continue to focus on timely discharge and admission avoidance										
Actions: See actions associated with Elective Length of Stay (above)										

4.1.6 Day Case Rates L BCBV A

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

Target per Month	Oct-11	Current Month Variance
75%	79.85%	4.85%



Analysis: This is an improvement from the position reported in September (79.09%) by 0.76%, we remain above target. The following specialties have an overall compliance rate of less than 75% - Breast Surgery (32.1%), ENT (43%), General Surgery (57.2%), Gynaecology (30.3%), Urology (68.5%) and Vascular (48.4%).

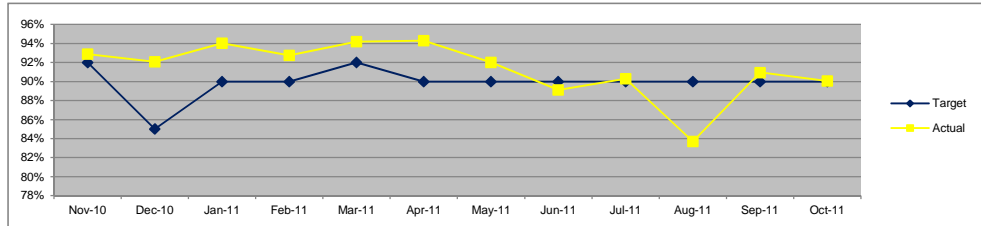
Actions: We are continuing to look at any specialties that are significantly below expectation

4.1.7 Theatre Utilisation L A

As a percentage of planned sessions

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	Oct-11	Current Month Variance
90%	90.06%	0.06%



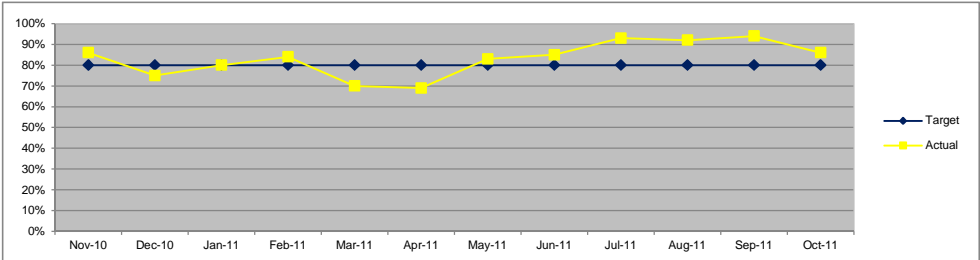
Analysis: The overall Trust position for theatre utilisation was above target for the month of October. The main reason for theatre down time during October was Consultant annual leave.

Actions:

4.1.8 Stroke/TIA L QA

This indicator shows the percentage of patients who receive a CT scan within 24 hours following admission with primary diagnosis of stroke

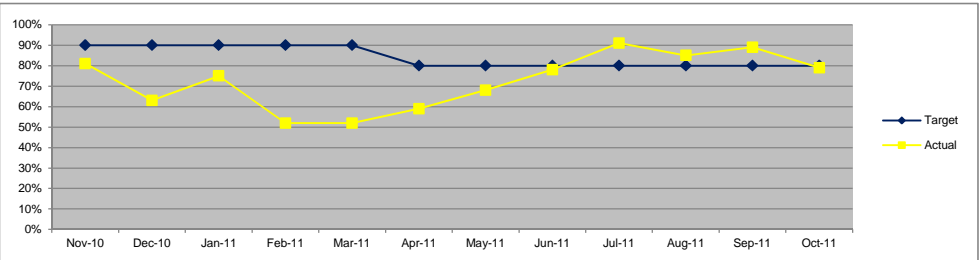
Target per Month	Oct-11	Current Month Variance
80%	86%	6%



Analysis:

This indicator shows the percentage of patients admitted with primary diagnosis of stroke should spend greater than 90% of their hospital stay on a dedicated Stroke Unit

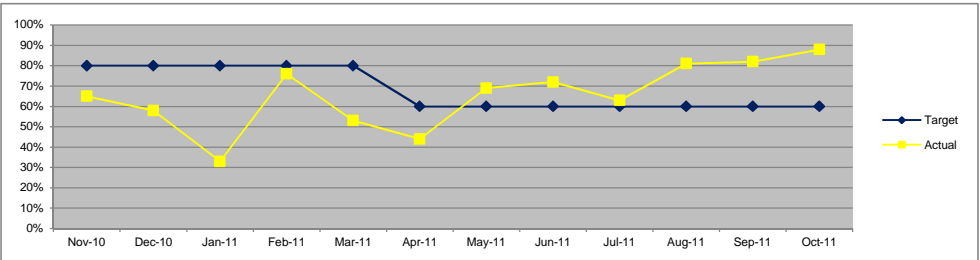
Target per Month	Oct-11	Current Month Variance
80%	79%	-1%



Analysis: This shows a slight deterioration in month, this was due to A&E clinical staff sending stroke patients via EAU instead of directly to the stroke ward.

This indicator shows the TIA Service - High risk patients will be assessed and treated within 24 hours

Target per Month	Sep-11	Current Month Variance
60%	88%	28%



Analysis: The Stroke Team are now running a 7 day service to assist with the management of these patients.

4.2	Workforce	L	I																																																																															
4.2.1	Recruitment and Retention																																																																																	
<p>Recruitment is seen as a key priority for the Trust, most particularly into nursing posts. Keeping vacancies to a minimum will not only improve patient and staff experience, it will also help with our aim to reduce the reliance and therefore expenditure on temporary staff.</p>																																																																																		
<p style="text-align: center;">Vacancies - Trained Nursing Staff</p>		<p style="text-align: center;">Vacancies - Non Trained Nursing Staff</p>																																																																																
<table border="1"> <caption>Vacancies - Trained Nursing Staff</caption> <thead> <tr> <th>Month</th> <th>Target (%)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr><td>Nov-10</td><td>2.0</td><td>1.5</td></tr> <tr><td>Dec-10</td><td>2.0</td><td>2.5</td></tr> <tr><td>Jan-11</td><td>2.0</td><td>3.2</td></tr> <tr><td>Feb-11</td><td>2.0</td><td>3.0</td></tr> <tr><td>Mar-11</td><td>2.0</td><td>2.0</td></tr> <tr><td>Apr-11</td><td>2.0</td><td>2.5</td></tr> <tr><td>May-11</td><td>2.0</td><td>2.0</td></tr> <tr><td>Jun-11</td><td>2.0</td><td>2.5</td></tr> <tr><td>Jul-11</td><td>2.0</td><td>1.2</td></tr> <tr><td>Aug-11</td><td>2.0</td><td>1.5</td></tr> <tr><td>Sep-11</td><td>2.0</td><td>1.5</td></tr> <tr><td>Oct-11</td><td>2.0</td><td>1.0</td></tr> </tbody> </table>		Month	Target (%)	Actual (%)	Nov-10	2.0	1.5	Dec-10	2.0	2.5	Jan-11	2.0	3.2	Feb-11	2.0	3.0	Mar-11	2.0	2.0	Apr-11	2.0	2.5	May-11	2.0	2.0	Jun-11	2.0	2.5	Jul-11	2.0	1.2	Aug-11	2.0	1.5	Sep-11	2.0	1.5	Oct-11	2.0	1.0	<table border="1"> <caption>Vacancies - Non Trained Nursing Staff</caption> <thead> <tr> <th>Month</th> <th>Target (%)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr><td>Nov-10</td><td>2.0</td><td>3.5</td></tr> <tr><td>Dec-10</td><td>2.0</td><td>6.5</td></tr> <tr><td>Jan-11</td><td>2.0</td><td>2.0</td></tr> <tr><td>Feb-11</td><td>2.0</td><td>2.0</td></tr> <tr><td>Mar-11</td><td>2.0</td><td>0.5</td></tr> <tr><td>Apr-11</td><td>2.0</td><td>0.5</td></tr> <tr><td>May-11</td><td>2.0</td><td>1.5</td></tr> <tr><td>Jun-11</td><td>2.0</td><td>3.5</td></tr> <tr><td>Jul-11</td><td>2.0</td><td>3.5</td></tr> <tr><td>Aug-11</td><td>2.0</td><td>3.0</td></tr> <tr><td>Sep-11</td><td>2.0</td><td>1.5</td></tr> <tr><td>Oct-11</td><td>2.0</td><td>1.0</td></tr> </tbody> </table>			Month	Target (%)	Actual (%)	Nov-10	2.0	3.5	Dec-10	2.0	6.5	Jan-11	2.0	2.0	Feb-11	2.0	2.0	Mar-11	2.0	0.5	Apr-11	2.0	0.5	May-11	2.0	1.5	Jun-11	2.0	3.5	Jul-11	2.0	3.5	Aug-11	2.0	3.0	Sep-11	2.0	1.5	Oct-11	2.0	1.0
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Oct-11	2.0	1.0																																																																																
<p>Analysis: Both trained and untrained vacancies have continued to decrease</p>																																																																																		
<p>Actions: Targeted recruitment to Band 5 nursing posts continues in addition to generic pool advertisements</p>																																																																																		
<p style="text-align: center;">Vacancies - Medical Training Grades</p>		<p style="text-align: center;">Vacancies - Non Medical Training Grades</p>																																																																																
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<p>Analysis: Vacancies for training and non-training have decreased. Vacancies are still evident in Emergency Medicine, Cardiology and Paediatrics</p>																																																																																		
<p>Actions: All vacant posts are being advertised.</p>																																																																																		

4.2.2 Turnover	L	I							
<p>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%.</p>									
<table border="1"> <thead> <tr> <th>Target</th> <th>Oct-11</th> <th>Current Month Variance</th> </tr> </thead> <tbody> <tr> <td>13.20%</td> <td>7.48%</td> <td>-5.72%</td> </tr> </tbody> </table>	Target	Oct-11	Current Month Variance	13.20%	7.48%	-5.72%			
Target	Oct-11	Current Month Variance							
13.20%	7.48%	-5.72%							
<p>Analysis: We continue to achieve a much better turnover rate than the national NHS rate of 13.2%</p>									
<p>Actions:</p>									
4.2.3 Sickness Absence	L	I							
<p>In Month Actual - The Trust target is 4%</p>		<p>Moving Annual Average - The Trust target is 4%</p>							
<p>Analysis:</p> <p>Acute Sickness absence for the month of October increased by 0.11%; from 4.85% in September to 4.96% in October. During the month of October 2011 of the hours lost due to sickness absence, 1.71% was due to short term absence and 3.25% was due to long term absence. The top three reasons for Acute departments absence were Anxiety/ stress/ depression – 14.18%, Other known causes (not specified) – 12.93%, Cold – 12.54%.</p> <p>Community Sickness absence for the month of October increased by 0.81%; from 4.47% in September to 5.28% in October. During the month of October 2011 of the hours lost due to sickness absence, 1.44% was due to short term absence and 3.84% was due to long term absence. The top three reasons for Community departments absence were Other known causes (not specified) – 33.32%, unknown causes (not specified) – 20.26%, other musculoskeletal – 17.34%</p>									
<p>Actions: Work is continuing with managers in the form of monthly sickness absence workshops to ensure managers are provided with advice and support in the management of sickness absence.</p>									

4.2.4 Temporary Staffing		L								
Temporary Nursing Staff (cumulative spend) - Agency Staff		Temporary Medical Staff (cumulative spend) - Agency Staff								
<p>Analysis: There has been no agency expenditure for nursing staff during October. In terms of medical agency there has been an increase in month of 1.6% from 3.2% in September to 4.8% in October. Surgical Division has seen an increase in month from £20K in September to £61K in October. Agency expenditure in Critical Care remained high during October due to the use of agency staff grades. Medical Division saw an increase in month from £93K in September to £155K in October. 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 a decrease in month from £43K in September to £15K in October. Expenditure remains high in Rehabilitation due to the use of a locum service to cover long term sick leave for a specialty doctor.</p>										
Actions:										
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	I						
<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 months. For 2011/12 the target remains at 80%.</p>										
<table border="1"> <thead> <tr> <th>Target</th> <th>Oct-11</th> <th>Current Month Variance</th> </tr> </thead> <tbody> <tr> <td>80%</td> <td>74.90%</td> <td>-5.10%</td> </tr> </tbody> </table>		Target	Oct-11	Current Month Variance	80%	74.90%	-5.10%			
Target	Oct-11	Current Month Variance								
80%	74.90%	-5.10%								
<p>Analysis: October's position has seen a deterioration from the one reported in September, the overall Trust position has slipped 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. Surgical Division - Trauma & Orthopaedics (50) Medical Division - Accident & Emergency (40), Acute Medicine (51), Dermatology (12), Diabetes (22), Dietetics (7), Neurology (8), Pharmacy (70), Social Workers Support (7), Therapy Services (94), Child & Young Peoples Services (89), Diabetic Nurses (8) Estates and Facilities - Catering (35), Staff Accommodation (1), Transport (5), Industrial Services (7), Medical Physics (31), Estates/Facilities (3), Hotel Services Management (3) Corporate Services - Finance (27), Medical Illustration (4), Governance & Legal Services (7), Infection Prevention (5), Nurse Training (2), Nursing Support (7), Trust Management Team (7), Procurement (4)</p>										

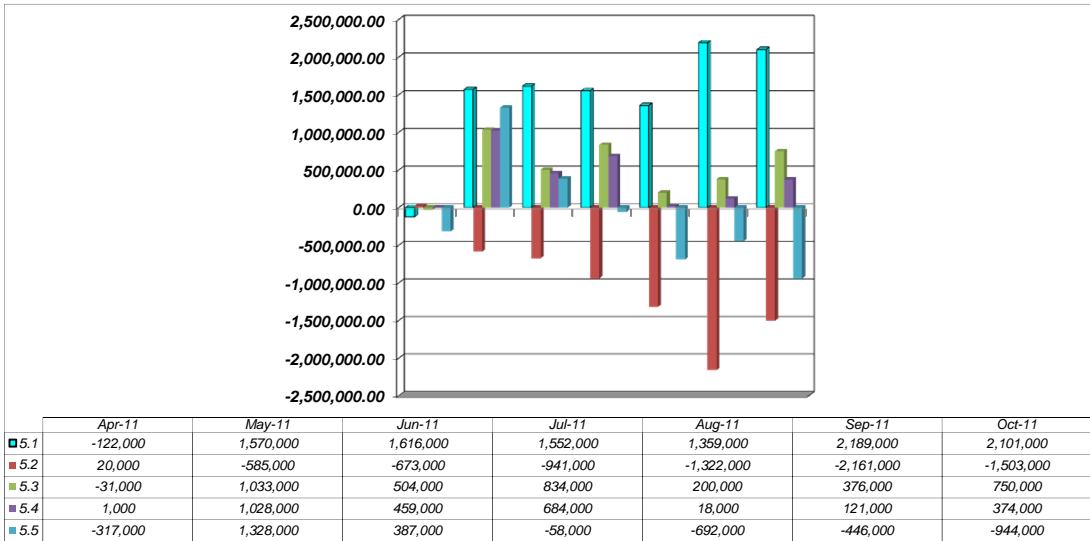
Mandatory Training																																															
<p>The Trust has a list of eight mandatory training topics which are generic and therefore applicable to all staff. The areas of focus are: Customer Care, Fire Safety, Hand Hygiene, Information Governance, Risk Management/Incident Reporting, Safeguarding Adults, Safe Guarding Children & Bullying and Harassment</p>																																															
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<p>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.</p>																																															
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5) FINANCE A

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- 5.1 Income variance vs. Plan
- 5.2 Expenditure variance vs. Plan
- 5.3 EBITDA is in line with plan
- 5.4 Achieve income and expenditure net surplus
- 5.5 SLA income against plan

Analysis: With the exception of expenditure variance vs plan and SLA income against plan, all areas are reporting a favourable position at Month 7

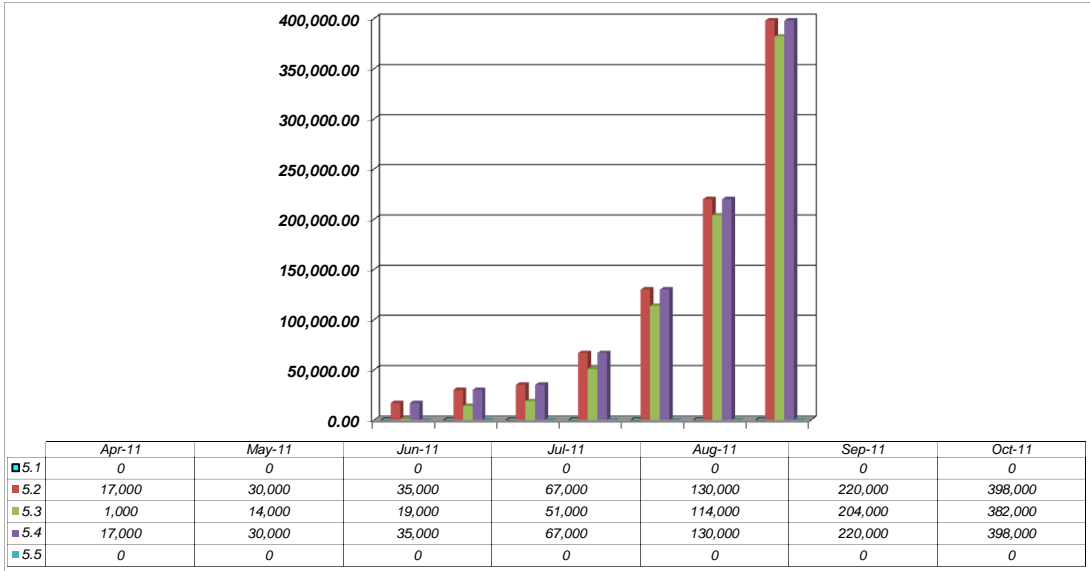


C

Community

- 5.1 Income variance vs. Plan
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5.6 Delivery of Cost Improvement Programme	5.7 Actual Performance against contract																																			
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