

THE ROYAL WOLVERHAMPTON HOSPITALS NHS TRUST

REPORT TO: Trust Board - 8 February 2010

REPORT OF: Chief Operating Officer

SUBJECT: Operational Performance

AUTHOR: Chief Operating Officer

RECOMMENDATION:

The Trust Board is asked to

NOTE:

- The Performance Report (December 2009)

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7 Better Care, Better Value (quarterly)

Key to Symbols

CQC E	HCC Existing Commitments (Care Quality Commission)
CQC N	HCC National Priorities (Care Quality Commission)
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

HCAI - There have been no cases of MRSA bacteraemia during the month of December making this is the sixth consecutive month without a bacteraemia. With regards to C Difficile, there were two wards during December with increased incidence. Deep clean and other appropriate actions have been taken. Cumulatively, this puts us at 77 cases, which is 5 cases above plan; earlier in the year we were 10 cases above. For MSSA, we have a annual target of 24 cases and our present position is 28 cases for the year. RWHT had 4 cases in December across four different wards. There were a total of 8 cases across the whole health economy with no immediate apparent reason for this sudden increase. There were 15 device related Healthcare Acquired Bacteraemia in December, which is 3 above target. However, we remain within target for the year as a whole. Lines remain the commonest cause of DRHABs.

NORO VIRUS - The Winter vomiting bug (Norovirus) is a highly contagious viral infection and although not normally serious, it can have a debilitating effect on people who are already poorly or recovering from illness. During January we have had some patients and staff who have been affected by this illness resulting in a number of wards needing to be closed. The Trust has taken every precaution possible to contain this virus. The decision was taken that with effect from 18th January, all visiting to the hospital was stopped, except at the discretion of the Ward Manager where the patient's condition necessitates visiting but this will only involve patients who are critically ill. At point of writing, these restrictions are still in place. We continue to do everything possible to reduce the number of admissions and have sought help from General Practitioners in ensuring that where possible patients are not admitted but cared for in other settings where this is appropriate.

18 WEEKS RTT - In December, all Chief Executives received communication relating to the delivery of 18 weeks in all specialities and as a legal right. Since receipt, we have made considerable progress in establishing our true position of the number of incomplete pathways and around validating exact numbers. We have also identified a process and series of activities that will enable us to deliver the priority and treat the backlog for both admitted and non-admitted patients. There is ongoing partnership working with the PCT who will be monitoring this work through the contract process. There is further modelling required of any additional activity, across specialties, so as to ensure that the overall delivery of the 18week targets for both admitted and non-admitted is not compromised as a result of clearing the backlog.

BETTER CARE, BETTER VALUE - We have been reporting on a quarterly basis our position in the Better Care, Better Value ratings for the past 5 quarters. In previous quarters, this has been a separate report, however, from this quarter onwards (Q2 2009/2010), the summary analysis will form part of this report and can be found in section 7.

2 WEEK SYMPTOMATIC BREAST - December's reported position, within the body of this report, shows that we achieved 36% of patients being seen within 14 days of referral. December was the last month of shadow reporting and the target becomes live in January. Our actual performance in January is 87.3% against a target of 93%. Those patients not seen within 14 days were due to failure of the mammography machine and having to reschedule patients from December. We are confident that we have put measures and capacity in place to achieve this target moving forwards.

ACTIVITY - We are performing well in all aspects of activity - emergency in-patients (+330), elective in-patients (-917), new out-patients (+3818) and total out-patients (+4925)

CONTRACT QUERIES - Nil

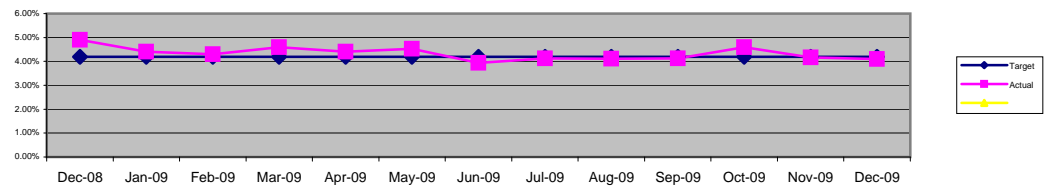
We will continue to focus on the areas which need to improve through a variety of work groups and service improvement projects

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 is less than 12 C Diff cases per month (< 96 per year) and less than 1 MRSA bacteraemia per month (< 15 per year). In the case of MRSA, the graph indicates the total of MRSA Bacteraemia reported including those attributable to the Royal Wolverhampton Hospitals NHS Trust																			
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</th> <th>Cum Plan</th> <th>Cum Actual</th> <th>Cum Variance</th> <th>Yr end Forecast</th> </tr> </thead> <tbody> <tr> <td>96</td> <td>72</td> <td>77</td> <td>5</td> <td>103</td> </tr> </tbody> </table>					Number of C Diff Cases	Cum Plan	Cum Actual	Cum Variance	Yr end Forecast	96	72	77	5	103					
Number of C Diff Cases	Cum Plan	Cum Actual	Cum Variance	Yr end Forecast															
96	72	77	5	103															
Analysis: Two wards with periods of increased incidence during December - both now had deep clean and other appropriate actions taken. Total year to date is five case above target - earlier in the year the total was up to 10 cases above target. Using SHA definition of attribution RWHT remains within original SHA target and also stretch target.																			
Actions:																			
2.1.2 MRSA Bacteraemia					CQC N	PCT	SHA	L	M										
<table border="1"> <thead> <tr> <th>Number of MRSA Cases</th> <th>Cum Plan</th> <th>Cum Actual</th> <th>Cum Variance</th> <th>Yr end Forecast</th> </tr> </thead> <tbody> <tr> <td>15</td> <td>9</td> <td>3</td> <td>-6</td> <td>4</td> </tr> </tbody> </table>					Number of MRSA Cases	Cum Plan	Cum Actual	Cum Variance	Yr end Forecast	15	9	3	-6	4					
Number of MRSA Cases	Cum Plan	Cum Actual	Cum Variance	Yr end Forecast															
15	9	3	-6	4															
Analysis: No cases during December and no MRSA bacteraemias for 6 months.																			
Actions:																			
2.2 Mortality					QA	Dr F													
No longer reported as part of Performance Report (as of December 2009) - please see quarterly Quality and Safety Report																			

2.3 Readmissions L BCBV

Emergency Readmissions may be as a result of less than optimal treatment in hospital, badly organised rehabilitation or inadequate support services when a person is transferred home following treatment. This indicator measures the number of patients who are readmitted to hospital, following their discharge from hospital, within 14 days as a percentage of all discharges

Target	Oct-09	Nov-09	Dec-09	Current Month Variance
<4.19%	4.60%	4.16%	4.10%	0.08%



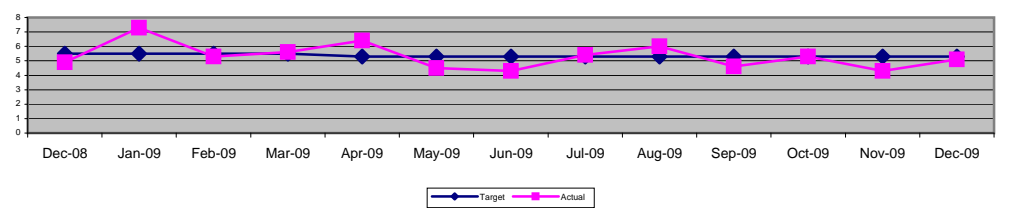
Analysis: Percentage of emergency re-admissions within 14 days shows a second month of improvement and now standards at 4.10% which is a favourable position of 0.08% against target.

Actions: In terms of Paediatrics, this review has demonstrated that we are above the national benchmark and we will endeavour to do some comparator work with other specific organisations to determine if this is a problem area or due to the method of clinical care we deliver (January 2010) - **Outcome** - Currently all attendances to the Paediatric Assessment Unit are classed as admissions/re-admissions. Following some detailed work by the Directorate and Finance Team, it is clear that many other units have their PAU and ward activity captured separately so it is difficult to find a comparator to bench mark. From 1st April 2010, in line with contracting and financial year, PAU will be set up as a separate code to capture their admissions/re-admissions on a specific line. This will allow us to benchmark our ward admissions/re-admissions with other hospitals from 1st April to identify if we remain above national average.

2.4 Patient Falls QA

A patient falling is the most common patient safety incident reported to the National Patient Safety Agency (NPSA) from inpatient services. Reported falls rates in acute hospitals range from almost zero to over 10 falls per 1,000 bed days, with an average of 4.8 falls reported for every 1,000 bed days.

Target	Oct-09	Nov-09	Dec-09	Year to Date
<5.3	5.3	4.3	5.1	5.2

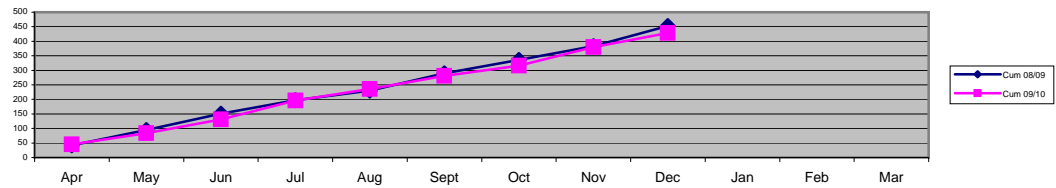
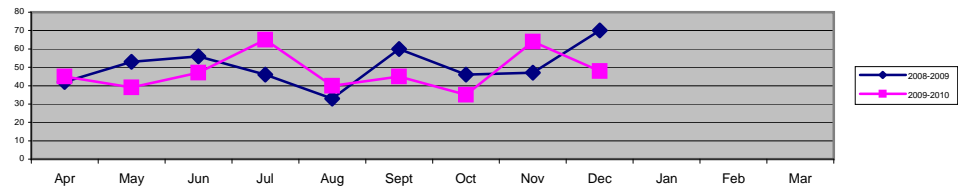


Analysis: The rate of falls for December is slightly lower than for the same period last year. 29% of falls in December were attributable to patients who fell more than once, with confused patients making up the vast majority of these. 1 incident cited staffing and 1 lack of equipment as contributory factors. These are being investigated locally.

Actions: Continued reinforcement of agreed falls prevention practices

2.5 Medication Incidents L

Medication incidents cover a wide range of events involving the prescription, administration and provision of medicines to take home. These incidents have the potential to harm patients and therefore all reported incidents are investigated. The indicator set for medication incidents for this year is to see a reduction when compared with the same month last year



Analysis: The number of medication incidents in December 2009 compared with December 2008 shows a decrease from 70 to 48 incidents reported. Cumulatively the number of medication incidents this year shows a decrease in numbers of 25 (from 453 to 428). Based on pure numbers, this is a positive given that activity levels are higher in 2009/2010, however, this indicator is reliant on medication incidents being reported.

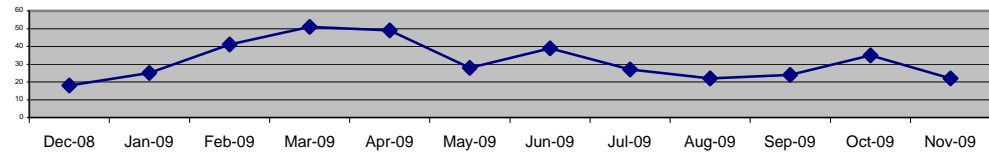
Actions: This is a new indicator for 2009/2010. The target is to reduce the number of medication incidents (as a total). Specific details of medication incidents are discussed via the Quality & Safety Committee. Reducing harm from high-risk medicines is one of the key work streams within the "Preventing Harm - Safer Care" Strategy.

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)

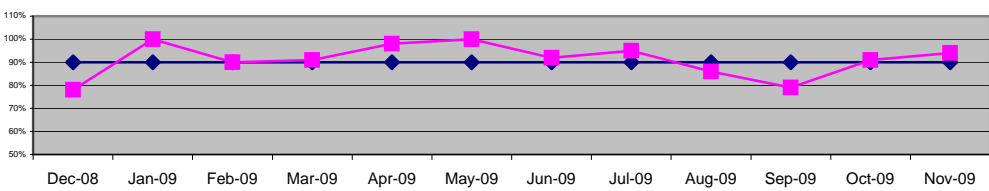
Current Month	Cum Actual	Yr End Actual 2008/09	Yr End Forecast 2009/10
22	246	386	369



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	Sep-09 Validated	Oct-09 Validated	Nov-09 Validated
90%	79%	91%	94%



Analysis: Division 1 - 11 complaints were responded to within 25 working days. 2 other complaints (General Surgery) took longer than 25 working days but had consent to breach so this equates to 93%. One other complaint remains outstanding, but consent has been received to breach (cancer). Division 2 - 11 complaints were responded to within 25 working days. 4 further complaints (EAU, AE, TOR and Respiratory) took longer than 25 working days but received consent to breach this therefore equates to 94%. A further complaint (AE) remains outstanding but does have consent to breach. Estates - Received 1 complaint which was responded to in 25 working days.

3.3 PROMS (Patient Reported Outcome Measures) CQC

The new Standards NHS Contract for Acute Services includes a requirement to report from April 2009 on PROMs. There are 4 conditions where PROMs data will be collated, using condition specific questionnaires. These are, Primary Unilateral Hip replacement, Primary Unilateral Knee replacement, Groin Hernia Repair & Varicose Vein Procedures. As part of the CQUIN account with Wolverhampton PCT targets have been set in relation to the percentage of eligible patients completing a pre-operative questionnaire. Achievement of the targets as part of CQUIN is based on Q4 performance.

Procedure	Target	Nov-09	Variance	Dec-09	Variance
Varicose	81%	23%	-58%	37%	-44%
Groin Hernia	76%	32%	-44%	38%	-38%

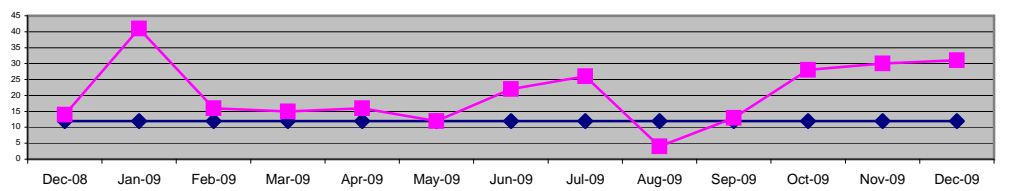
Procedure	Target	Nov-09	Variance	Dec-09	Variance
Hip	72%	53%	-19%	38%	-34%
Knee	75%	73%	-2%	44%	-31%

Analysis: There has been an improvement in the capture of patient questionnaires for those patients undergoing both varicose vein and hernia procedures. Changes to the systems for capture, particularly in the Beynon Centre have been improved for patients undergoing day procedures; we anticipate further improvement in January. We are still experiencing difficulties with the percentage for both Hip and Knee surgery, in the main due to patients undergoing these procedures at other centres, but where the activity still counts as ours. The first formal release of PROMs data has now been scheduled into the NHS release calendar for the 8th April and formally pre-announced. Pre-announcement at this stage ensures that publication (of Q1 data initially) can take place irrespective of the formal announcement of the General Election, albeit with very tight statistical governance protocols and controls. The 8th April date is now set.

3.4 Short Notice Cancellation of Operations CQC E L

The aim of this measure is to reduce the number of operations cancelled at short notice for non-medical reasons. Short notice is defined as "on the day of procedure or day of admission". Short notice cancellation not only leads to poor patient experience but also results in a loss of operating capacity. When a patient's operation is cancelled by the hospital at the last minute for non clinical reasons, we must offer another binding date within a maximum of the next 28 days or fund the patient's treatment at the time and hospital of the patient's choice - a potential further cost to the organisation.

Target per Month	Cum Plan	Cum Actual	Cum Variance	Yr end Forecast
12	108	182	74	243



Analysis:

	Kit not available	Insufficient Theatre Staff	Ran out of Theatre	More Urgent Case(s)	No Beds	Cons not avail or ill	No ITU Bed	Total
Urology			1				1	2
Gen Surg			2	2	4			8
Cardiac			1	1	2	1	2	7
Gynae			1					1
Ortho			2		3			5
Ophth								0
Cardiology	1			1	1		2	5
H&N					3			3
Total	1	0	7	4	13	1	5	31

Actions: 31 operations were cancelled during December

The Care Quality Commission indicator for cancelled operations is in 2 parts - number of patients cancelled as a percentage of overall elective activity and % of breaches to the 28 day re-admission guarantee. We are achieving against these indicators for the CQC part 1 0.5% v 0.8% and 0.005% v 5% for part 2.

4) EFFICIENCY AND EFFECTIVENESS

4.1 Service Delivery

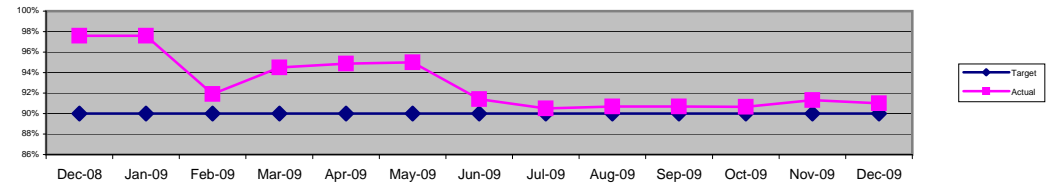
4.1.1 18 week Referral to Treatment (RTT)

CQC N	PCT	QA			
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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 not 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.

Admitted

Target	Dec-09
90%	91.00%



Analysis:- Whilst we are achieving the overall target, the following specialties did not achieve 90% in December.

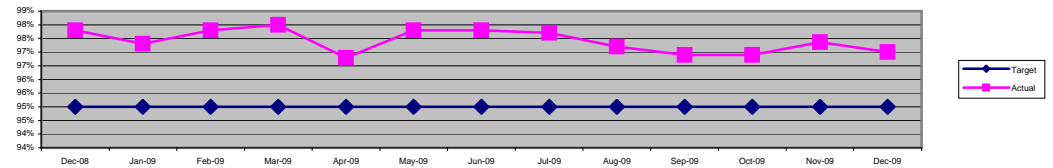
Specialty	Period below target	Change
Specialty: ENT (84%)	1 month	-8.00%
Specialty: Oral Surgery (74%)	6 months	-14.00%
Specialty: Gynaecology (88%)	7 months	5%
Specialty: Plastic Surgery (86%)	1 month	-14%
Specialty: Cardiology (86%)	1 month	-7%

Breach Analysis

199 patients breached the 18 week referral to treatment target in December. 33% of these were not true breaches, data on PAS did not accurately reflect their pathway. A process of validating all patients prior to final submission has been introduced. 26% of patients breached due to capacity issues, 3% due to their own choosing and 38% due to process delay - in the main this was due to timing of follow up appointments resulting from diagnostic investigation

Non-Admitted

Target	Dec-09
95%	97.00%



Analysis:- Whilst we are achieving the overall target, the following specialties did not achieve in December

Specialty	Period below target	Change
Specialty: Orthopaedics (92%)	3 months	-1%
Specialty: GenMedicine (85%)	9 months	-6%
Specialty: ENT (4%)	6 months	-

Breach Analysis

595 patients breached for non-admitted care 78% were found to be inaccurate and as above processes have been introduced to validate prior to submission. 6% were patient choice, 12% process delay and 4% due to capacity issues at follow up/treatment stage.

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.																								
	<table border="1"> <thead> <tr> <th>Target</th> <th>Dec-09</th> <th>Variance</th> <th>Cumulative</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>Internal</td> <td>98%</td> <td>98.64%</td> <td>0.64%</td> <td>98.79%</td> <td>0.79%</td> </tr> <tr> <td>Overall</td> <td>98%</td> <td>99.11%</td> <td>1.11%</td> <td>99.27%</td> <td>1.27%</td> </tr> </tbody> </table>	Target	Dec-09	Variance	Cumulative	Variance	Internal	98%	98.64%	0.64%	98.79%	0.79%	Overall	98%	99.11%	1.11%	99.27%	1.27%							
Target	Dec-09	Variance	Cumulative	Variance																					
Internal	98%	98.64%	0.64%	98.79%	0.79%																				
Overall	98%	99.11%	1.11%	99.27%	1.27%																				
	Analysis: The analysis above shows RWHT internal performance and the overall health economy performance, both by month and cumulatively.																								
	Actions: Daily meetings continue - 7 days per week - to review and plan both emergency and elective activity. Winter plan & Flu plan has been signed off by Trust Board - Silver Command has been operational since the beginning of October. During January, we have experienced difficult day when breaches have been excessive; this has been against the backdrop of norovirus and ward/bed closures. At the time of writing (27th January 2009), the Trust is at 97.89% for the month.																								
4.1.3	Care Quality Commission (Periodic Review for 2009/2010) - Existing Commitments & National Priorities (not already covered in report)																								
	The Care Quality Commission have now published their complete indicator list for 2009/10. The only completely new indicator is one associated with ensuring patients with learning disabilities are identified upon admission and that processes are in place to enable pathways to be flexed accordingly. This indicator is the subject of a specific project being led by Hilary Walker.																								
		Current	Comments																						
	Access to Genito Urinary Medicine - 100% of patients will be offered an appointment within 48 hours	100%	Performance in relation to the target for patients seen within 48 hours has decreased from 86.3% in November to 82.4% in December. An analysis of all patients over 48 hours has shown that this is due to patient choice.																						
	In order to monitor the reduction of health inequalities related to ethnic diversity, it is essential that data quality on ethnic group is >= 95%	92.0%	Threshold has now been established for CQC - =>85% therefore green - however, as part of our Cquin contract with the PCT, the local target remains at 95%. 6 specific areas are being targeted, who although performing well in terms of percentage, have sufficiently high numbers to improve Trust wide performance to greater than 95%																						
	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.	45	December has seen a reduction in the level of delayed discharges from 67 in November to 45 in December. This take us below the monthly threshold of 60 for the first time since June this year.																						
	No patient will wait longer than 26 weeks for in-patient care	0																							

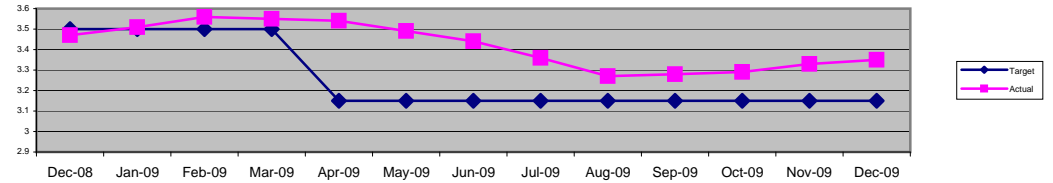
Existing Commitments & National Priorities - Continued		
No patient will wait longer than 13 weeks for out-patient consultation	0	
No patients will wait longer than three months (13 weeks) for revascularisation	0	
2 week waiting time for Rapid Access Chest Pain Clinic	100.0%	We achieved the 100% target for the month and also for the quarter and we are just above the expected 98% standard for the year.
62 days from urgent GP referrals to first definitive cancer treatment: All Cancers (85%)	82.93%	11% improvement on last months reported compliance. There were 12 patients who breached the 62 day target during December; 3 late referrals, 2 patient choice, 3 complex pathway, 3 delay during investigation stage and 1 x TRUS to MRI
62 day wait for first treatment from consultant screening - all cancers (90%)	88.89%	Late receipt of referral and delay due to need for detailed cardiac and anaesthetic assessment
62 days for first treatment for those patients who are upgraded with a suspicion of cancer (Threshold still outstanding)	90.5%	
31 day (diagnosis to Treatment) Wait for First Treatment - All Cancers (96%)	98.1%	
31 day wait for second or subsequent treatment: Anti Cancer Drug Treatment (98%)	100.0%	
31 day wait for second or subsequent treatment: Surgery (94%)	96%	
31 day wait for second or subsequent treatment: Radiotherapy Treatments (shadow monitoring until Dec 10) - (94%)	100%	
All Cancer Two week Wait (93%)	95%	
Two week wait for symptomatic breast patients (cancer not initially suspected) (shadow monitoring until Dec 09) - (93%)	36%	Those patients not seen within 14 days were due to failure of the mammography machine and having to reschedule patients from December.
Cancelled operations - patients not admitted within 28 days	0	
Infant health and inequalities (smoking and breastfeeding initiation) - identify all mothers	100%	
<i>The other two areas of national priority already known are "results of staff and patient surveys". Compliance for these two indicators will be based on field work undertaken in the Autumn of 2009</i>	N/A	

4.1.4	Pre-Op Length of Stay	L	BCBV																																																				
<p>This indicator is a sum of all the bed days between date of patient admission and the date of their procedure. It is expressed as a percentage of all bed days for the hospital.</p>																																																							
<table border="1"> <thead> <tr> <th>Target per Month</th> <th>Dec-09</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>14%</td> <td>13.32%</td> <td>0.68%</td> </tr> </tbody> </table>			Target per Month	Dec-09	Variance	14%	13.32%	0.68%	<table border="1"> <caption>Pre-Op Length of Stay - Actual vs Target</caption> <thead> <tr> <th>Month</th> <th>Target (%)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr><td>Dec-08</td><td>14</td><td>13.5</td></tr> <tr><td>Jan-09</td><td>14</td><td>11.5</td></tr> <tr><td>Feb-09</td><td>14</td><td>11.5</td></tr> <tr><td>Mar-09</td><td>14</td><td>13.5</td></tr> <tr><td>Apr-09</td><td>14</td><td>11.5</td></tr> <tr><td>May-09</td><td>14</td><td>11.5</td></tr> <tr><td>Jun-09</td><td>14</td><td>11.5</td></tr> <tr><td>Jul-09</td><td>14</td><td>12.5</td></tr> <tr><td>Aug-09</td><td>14</td><td>12.5</td></tr> <tr><td>Sep-09</td><td>14</td><td>13.5</td></tr> <tr><td>Oct-09</td><td>14</td><td>13.5</td></tr> <tr><td>Nov-09</td><td>14</td><td>12.5</td></tr> <tr><td>Dec-09</td><td>14</td><td>13.32</td></tr> </tbody> </table>					Month	Target (%)	Actual (%)	Dec-08	14	13.5	Jan-09	14	11.5	Feb-09	14	11.5	Mar-09	14	13.5	Apr-09	14	11.5	May-09	14	11.5	Jun-09	14	11.5	Jul-09	14	12.5	Aug-09	14	12.5	Sep-09	14	13.5	Oct-09	14	13.5	Nov-09	14	12.5	Dec-09	14	13.32
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Month	Target (%)	Actual (%)																																																					
Dec-08	14	13.5																																																					
Jan-09	14	11.5																																																					
Feb-09	14	11.5																																																					
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Oct-09	14	13.5																																																					
Nov-09	14	12.5																																																					
Dec-09	14	13.32																																																					
<p>Analysis: There has been a deterioration in performance for pre-operative length of stay in month 12.08 to 13.32 although we continue to remain below the target of 14%. For elective patients there were a total of 144 bed days spent pre-operatively 50% of these were for Cardiothoracic patients which is appropriate. Non elective pre-op length of stay constituted 362 beds days with the highest number, 151, being seen in general surgery which is consistent with previous months.</p>																																																							
<p>Actions: A case is being developed to introduce a facility for emergency short stay surgery. This will bring forward the model of care as described for the emergency portal, improving the patient experience for surgical cases. It is anticipated that pre-op length of stay will be a key component of the case. Given the analysis above, a more detailed drill down into the pre-op length of stay for general surgery will be undertaken in January 2010 - findings to Board with February's performance report.</p>																																																							
4.1.4	Elective Length of Stay	L																																																					
<p>We continually strive to reduce length of stay in an effort to improve the patient experience by avoiding unnecessarily long stays in hospital. This also ensure that we are optimising the available bed capacity. In order to deliver contract activity levels for 2009/2010 a 10% reduction to the target has been applied</p>																																																							
<table border="1"> <thead> <tr> <th>Target per Month</th> <th>Dec-09</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>3.06</td> <td>3.63</td> <td>-0.57</td> </tr> </tbody> </table>			Target per Month	Dec-09	Variance	3.06	3.63	-0.57	<table border="1"> <caption>Elective Length of Stay - Actual vs Target</caption> <thead> <tr> <th>Month</th> <th>Target</th> <th>Actual</th> </tr> </thead> <tbody> <tr><td>Dec-08</td><td>3.06</td><td>3.5</td></tr> <tr><td>Jan-09</td><td>3.06</td><td>3.4</td></tr> <tr><td>Feb-09</td><td>3.06</td><td>3.4</td></tr> <tr><td>Mar-09</td><td>3.06</td><td>3.4</td></tr> <tr><td>Apr-09</td><td>3.06</td><td>3.4</td></tr> <tr><td>May-09</td><td>3.06</td><td>3.4</td></tr> <tr><td>Jun-09</td><td>3.06</td><td>3.4</td></tr> <tr><td>Jul-09</td><td>3.06</td><td>3.4</td></tr> <tr><td>Aug-09</td><td>3.06</td><td>3.5</td></tr> <tr><td>Sep-09</td><td>3.06</td><td>3.6</td></tr> <tr><td>Oct-09</td><td>3.06</td><td>3.6</td></tr> <tr><td>Nov-09</td><td>3.06</td><td>3.6</td></tr> <tr><td>Dec-09</td><td>3.06</td><td>3.63</td></tr> </tbody> </table>					Month	Target	Actual	Dec-08	3.06	3.5	Jan-09	3.06	3.4	Feb-09	3.06	3.4	Mar-09	3.06	3.4	Apr-09	3.06	3.4	May-09	3.06	3.4	Jun-09	3.06	3.4	Jul-09	3.06	3.4	Aug-09	3.06	3.5	Sep-09	3.06	3.6	Oct-09	3.06	3.6	Nov-09	3.06	3.6	Dec-09	3.06	3.63
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Dec-09	3.06	3.63																																																					
<p>Analysis: Above target by 0.57 - slight improvement in month. Review of length of stay against specialty based national averages has been undertaken using Dr Foster as the data source in an effort to identify specialties who are above national benchmark - this is one of the key recommendations from the National Institute for Improvement and Innovation in relation to "Better Care, Better Value".</p>																																																							
<p>Actions: The specialties identified as being at least 20% above the national average are as follows, General Surgery (Elective), Medical Oncology (Elective), Oral Surgery (Elective & Non-Elective) & Diabetic Medicine (Non Elective). A further, more specific piece of work has been undertaken to determine outliers based on procedure/HRG/Consultant for these specialty areas and this information has been sent to the specialties affected.</p>																																																							

4.1.4 Non-Elective Length of Stay L

We continually strive to reduce length of stay in an effort to improve the patient experience by avoiding unnecessarily long stays in hospital. This also ensure that we are optimising the available bed capacity. In order to deliver contract activity levels for 2009/2010 a 10% reduction to the target has been applied

Target per Month	Dec-09	Variance
3.15	3.35	-0.2



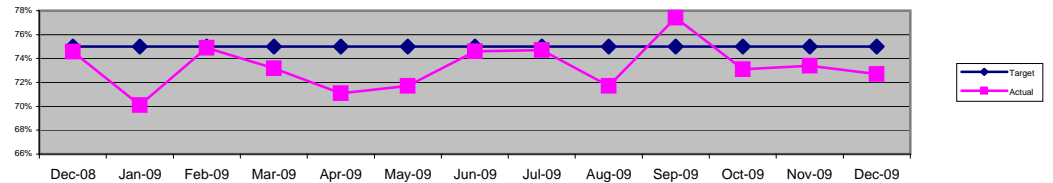
Analysis: Above target by 0.20 - showing a steady increase since August. There has been no significant increase in percentage of any specialty, other than Rheumatology which is small numbers and has a disproportionate impact on the average.

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

4.1.5 Day Case Rates L BCBV

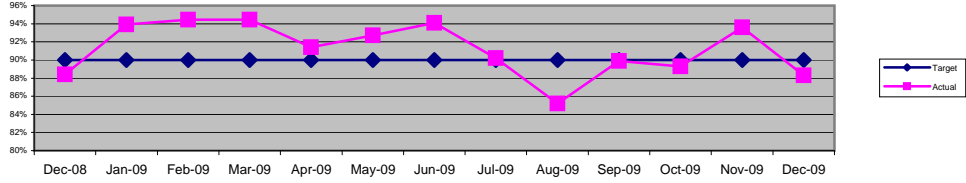
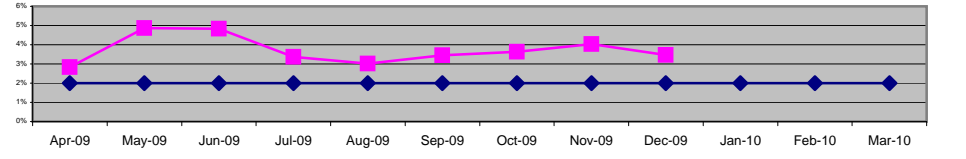
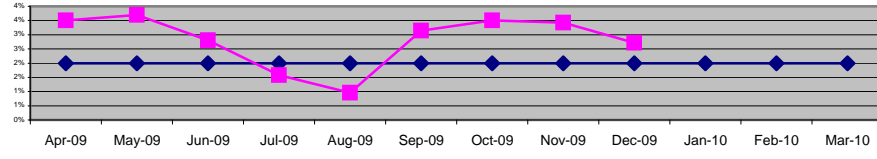
The calculation of performance is based on our position against benchmarks set by the British Association of Day Surgery (BADS)

Target per Month	Dec-09	Variance
75%	72.70%	2.30%

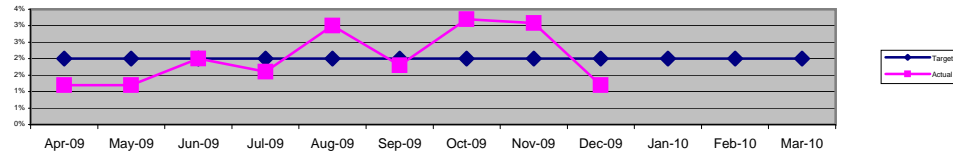


Analysis: Marginally below target.

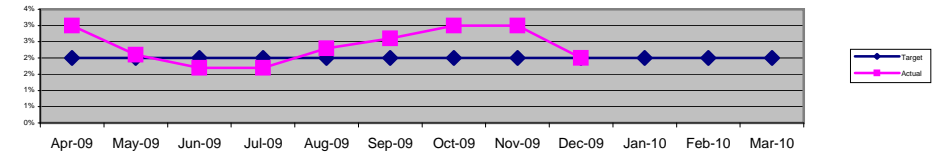
Actions: Review the indicator from Better Care, Better Value, which measures performance against a basket of 25 day case procedures. Consider appropriateness of this as the measure for 2010/11

4.1.6	Theatre Utilisation	L																																																																																				
<p>This indicator shows the number of theatre sessions used expressed as a percentage of sessions planned.</p>																																																																																						
 <table border="1" data-bbox="145 319 1108 502"> <caption>Theatre Utilisation Data</caption> <thead> <tr> <th>Month</th> <th>Target (%)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr><td>Dec-08</td><td>90</td><td>88.3</td></tr> <tr><td>Jan-09</td><td>90</td><td>94.6</td></tr> <tr><td>Feb-09</td><td>90</td><td>94.6</td></tr> <tr><td>Mar-09</td><td>90</td><td>94.6</td></tr> <tr><td>Apr-09</td><td>90</td><td>91.8</td></tr> <tr><td>May-09</td><td>90</td><td>93.6</td></tr> <tr><td>Jun-09</td><td>90</td><td>94.6</td></tr> <tr><td>Jul-09</td><td>90</td><td>90.9</td></tr> <tr><td>Aug-09</td><td>90</td><td>85.3</td></tr> <tr><td>Sep-09</td><td>90</td><td>90.9</td></tr> <tr><td>Oct-09</td><td>90</td><td>89.1</td></tr> <tr><td>Nov-09</td><td>90</td><td>93.6</td></tr> <tr><td>Dec-09</td><td>90</td><td>88.3</td></tr> </tbody> </table>					Month	Target (%)	Actual (%)	Dec-08	90	88.3	Jan-09	90	94.6	Feb-09	90	94.6	Mar-09	90	94.6	Apr-09	90	91.8	May-09	90	93.6	Jun-09	90	94.6	Jul-09	90	90.9	Aug-09	90	85.3	Sep-09	90	90.9	Oct-09	90	89.1	Nov-09	90	93.6	Dec-09	90	88.3	<table border="1" data-bbox="1350 347 1738 507"> <thead> <tr> <th>Target per Month</th> <th>Dec-09</th> <th>Variance</th> </tr> </thead> <tbody> <tr> <td>90%</td> <td>88.30%</td> <td>1.70%</td> </tr> </tbody> </table>				Target per Month	Dec-09	Variance	90%	88.30%	1.70%																														
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<p>Analysis: There has been a deterioration in performance in month from 93.6% in November to 88.3% in December. This level of utilisation is consistent with previous years.</p>																																																																																						
<p>Actions:</p>																																																																																						
<p>4.2 Workforce</p>																																																																																						
<p>4.2.1 Recruitment and Retention</p>																																																																																						
<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>Vacancies - Trained Nursing Staff</p>  <table border="1" data-bbox="145 1045 1108 1204"> <caption>Trained Nursing Staff Vacancies Data</caption> <thead> <tr> <th>Month</th> <th>Target (%)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr><td>Apr-09</td><td>2</td><td>3.2</td></tr> <tr><td>May-09</td><td>2</td><td>5.0</td></tr> <tr><td>Jun-09</td><td>2</td><td>5.0</td></tr> <tr><td>Jul-09</td><td>2</td><td>3.6</td></tr> <tr><td>Aug-09</td><td>2</td><td>3.2</td></tr> <tr><td>Sep-09</td><td>2</td><td>3.6</td></tr> <tr><td>Oct-09</td><td>2</td><td>3.6</td></tr> <tr><td>Nov-09</td><td>2</td><td>4.0</td></tr> <tr><td>Dec-09</td><td>2</td><td>3.6</td></tr> <tr><td>Jan-10</td><td>2</td><td>2.0</td></tr> <tr><td>Feb-10</td><td>2</td><td>2.0</td></tr> <tr><td>Mar-10</td><td>2</td><td>2.0</td></tr> </tbody> </table>					Month	Target (%)	Actual (%)	Apr-09	2	3.2	May-09	2	5.0	Jun-09	2	5.0	Jul-09	2	3.6	Aug-09	2	3.2	Sep-09	2	3.6	Oct-09	2	3.6	Nov-09	2	4.0	Dec-09	2	3.6	Jan-10	2	2.0	Feb-10	2	2.0	Mar-10	2	2.0	<p>Vacancies - Non Trained Nursing Staff</p>  <table border="1" data-bbox="1265 1045 2139 1204"> <caption>Non Trained Nursing Staff Vacancies Data</caption> <thead> <tr> <th>Month</th> <th>Target (%)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr><td>Apr-09</td><td>2.5</td><td>4.0</td></tr> <tr><td>May-09</td><td>2.5</td><td>4.0</td></tr> <tr><td>Jun-09</td><td>2.5</td><td>3.2</td></tr> <tr><td>Jul-09</td><td>2.5</td><td>2.0</td></tr> <tr><td>Aug-09</td><td>2.5</td><td>1.5</td></tr> <tr><td>Sep-09</td><td>2.5</td><td>3.6</td></tr> <tr><td>Oct-09</td><td>2.5</td><td>4.0</td></tr> <tr><td>Nov-09</td><td>2.5</td><td>3.6</td></tr> <tr><td>Dec-09</td><td>2.5</td><td>3.2</td></tr> <tr><td>Jan-10</td><td>2.5</td><td>2.5</td></tr> <tr><td>Feb-10</td><td>2.5</td><td>2.5</td></tr> <tr><td>Mar-10</td><td>2.5</td><td>2.5</td></tr> </tbody> </table>				Month	Target (%)	Actual (%)	Apr-09	2.5	4.0	May-09	2.5	4.0	Jun-09	2.5	3.2	Jul-09	2.5	2.0	Aug-09	2.5	1.5	Sep-09	2.5	3.6	Oct-09	2.5	4.0	Nov-09	2.5	3.6	Dec-09	2.5	3.2	Jan-10	2.5	2.5	Feb-10	2.5	2.5	Mar-10	2.5	2.5
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<p>Analysis: Trained nursing vacancies have decreased slightly this month due to a number of additional staff recruited for winter pressures starting in post. The majority of vacancies continue to be in specialist areas however these are beginning to reduce due to targeted recruitment campaigns.</p>																																																																																						
<p>Actions: Post specific recruitment is ongoing for the specialist areas. Ongoing generic recruitment to Band 5 nursing posts and band 2 healthcare assistant posts continues in order to recruit to existing vacancies.</p>																																																																																						

Vacancies - Medical Training Grades



Vacancies - Non Training Grades



Analysis: There continues to be a number of Non training grade vacancies in Cardiac services with training grade vacancies in Medicine, A&E and Paediatrics

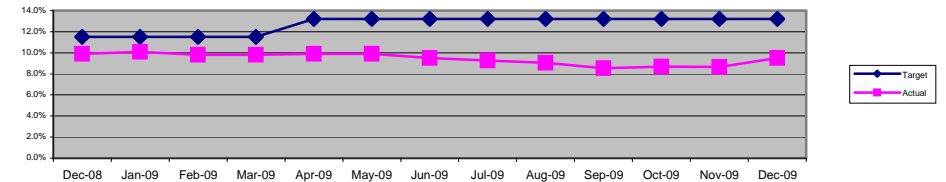
Actions: All vacant posts are being advertised.

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	Dec-09	Variance
13.20%	9.51%	3.69%

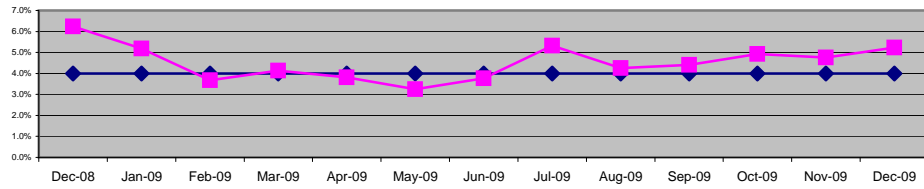


Analysis: Although there has been an increase in month of 0.76%, we continue to achieve a much better turnover rate than the national NHS rate of 13.20

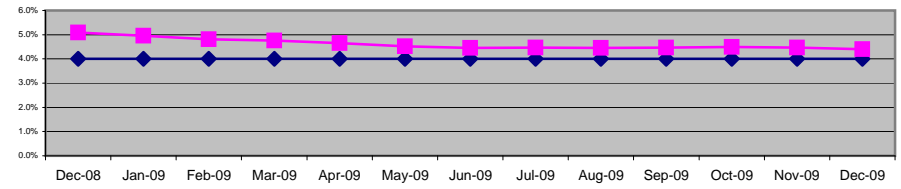
Actions

4.2.3 Sickness Absence L

In Month Actual - The Trust target is 4%



Moving Annual Average - The Trust target is 4%

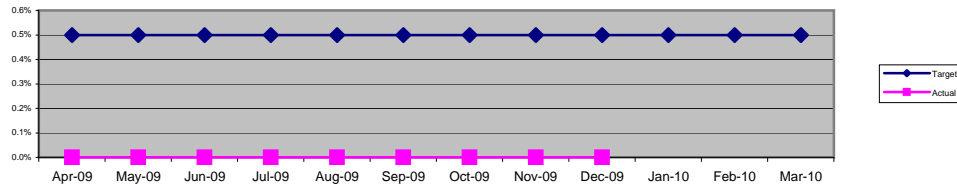


Analysis: The Trust sickness level has increased from 4.76% in November to 5.23% in December, an increase of 0.47%. This means we were 1.23% above the Trust target. Almost two-thirds of the sickness hours lost in December were due to LTS absence. The Trust has seen a 15.0% increase in absences related to musculoskeletal, a significant proportion of which were due to LTS Hip/Lower Limb problems. Hours lost due to gastro-intestinal related illness continued to increase in December, the majority of which were LTS cases. Due to the norovirus outbreak

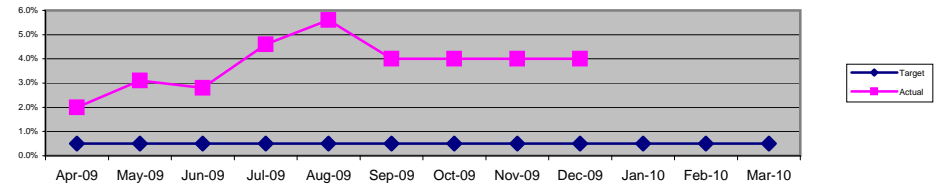
Actions: Monthly correlation of sickness data and reportable incidents is taking place, with the provision of advice and support where appropriate in relation to possible interventions; for example, referral to OH and risk assessments

4.2.4 Temporary Staffing L

Temporary Nursing Staff (cumulative spend)



Temporary Medical Staff (cumulative spend)



Analysis: There has been no agency expenditure for nursing staff during December. There has been a 6.6% spend in month for medical agency which is an increase of 2.8% from last month a total of £123K increase in month. Our cumulative spend position is 4.1%. Spend in Division One saw an increase from £122K in November to £156K in December, with the highest spend being seen in Ophthalmology (£85K). Spend in Division Two also saw an increase from £41K in November to £130K in December, the highest spend being seen in A&E/Emergency Services (£63K)

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.

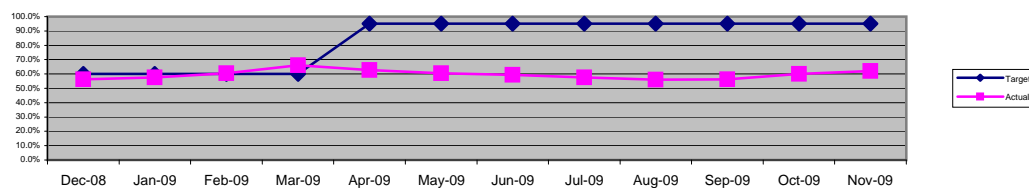
4.2.6 Education and Training

L

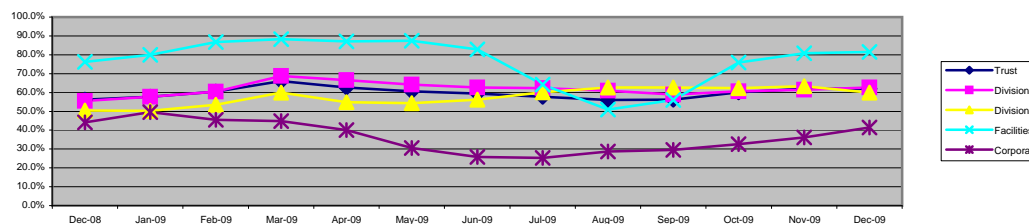
NHS C

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 2008/09 the target set for staff having undergone annual appraisal was 60%. Great progress was made during 2008/09 seeing an increase from March 2008 of 45% to 66% by end of year. This is an increase of 21%. To reflect our commitment to the ongoing training, development and support of our staff an ambitious target of 95% has been set for 2009/2010. (This target has been amended to accurately reflect a planned progression to 95% over the next 3 years. Therefore for 2009/2010, the target will be >=75% is green, <60% is red else amber)

Target	Dec-09	Variance
75.00%	61.90%	13.10%

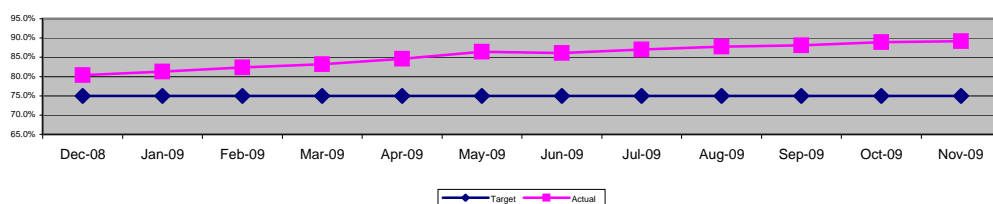


Analysis: Slight improvement in month from 60.10%. - the chart opposite shows annual performance by area. The areas of red i.e. below 60% are listed - the number in brackets is the number of staff with annual appraisal outstanding:- Critical Care (180), Oncology (73), Ophthalmology (51), Head & Neck (17), Division 2 Management (18), A&E (69), Orthopaedics/Rheumatology (65), Care of the Elderly (65), Renal (62), Therapy Services (35), Capacity Management (5), Finance (22), Purchasing & Supply (14), ICT/Health Records (179), Medical Illustration (10), Research & Development (27), Director of Estates & Development (3), Medical Physics(38)



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

Target	Dec-09	Variance
75.00%	89.67%	-14.67%

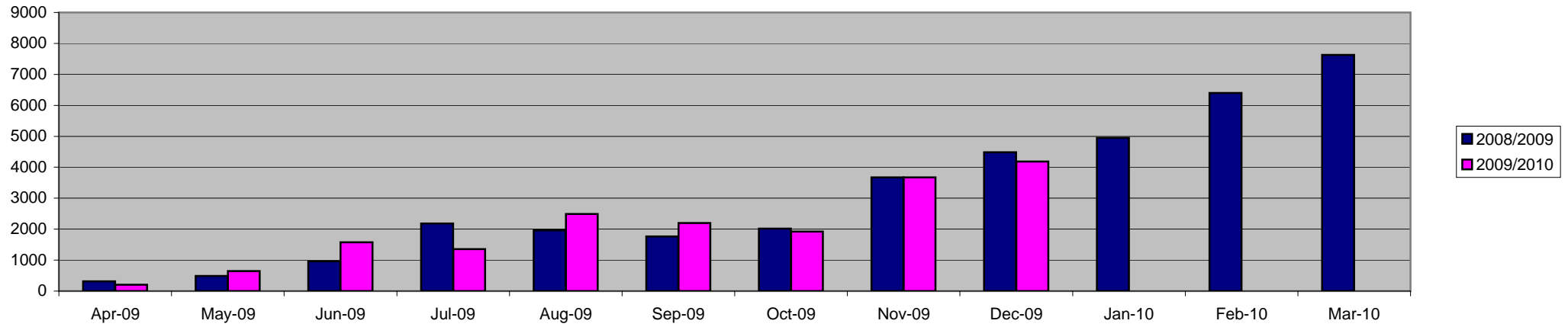


Analysis: Compliance against Mandatory training target has seen a further slight improvement this month. The two main areas where there is a need to improve compliance across the board remain as Fire Safety and Hand Hygiene.

Actions: The areas of 'red' compliance for these two areas i.e. less than 65% relate to the following:- **Fire Safety:** Dermatology & Occupational Health. **Hand Hygiene:** Medical Illustration and Occupational Health

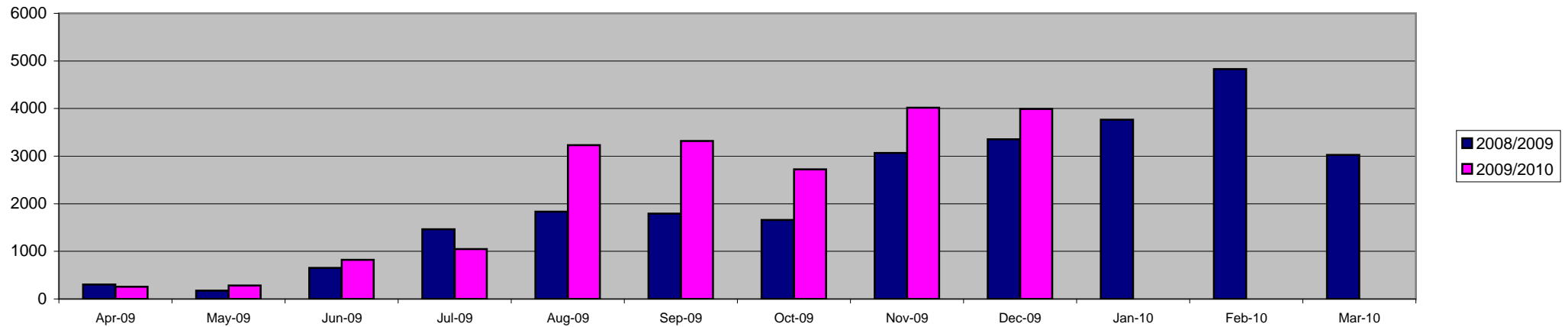
5) FINANCE

5.1 SLA Income to Date vs. Plan



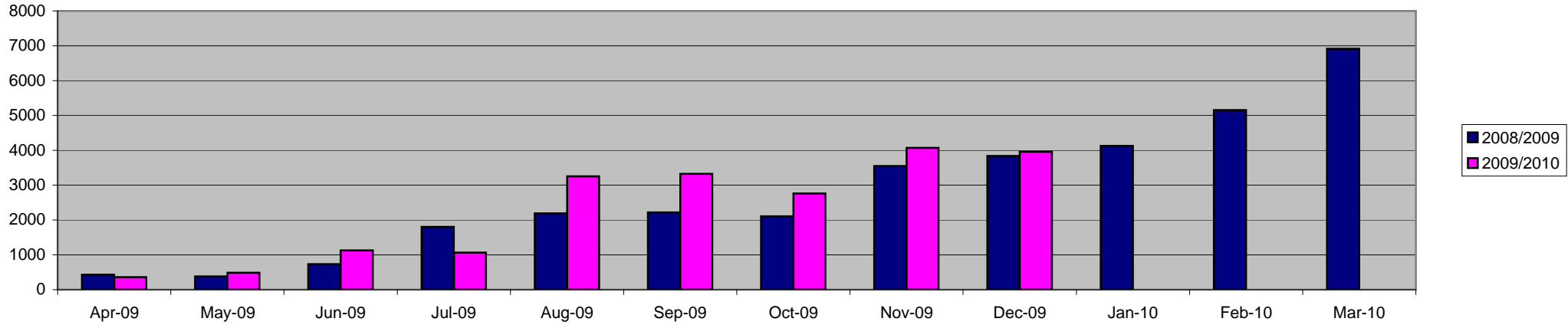
Analysis: £4186 which is a positive increase of £510 when compared to previous month

5.2 EBITDA to Date vs. Plan



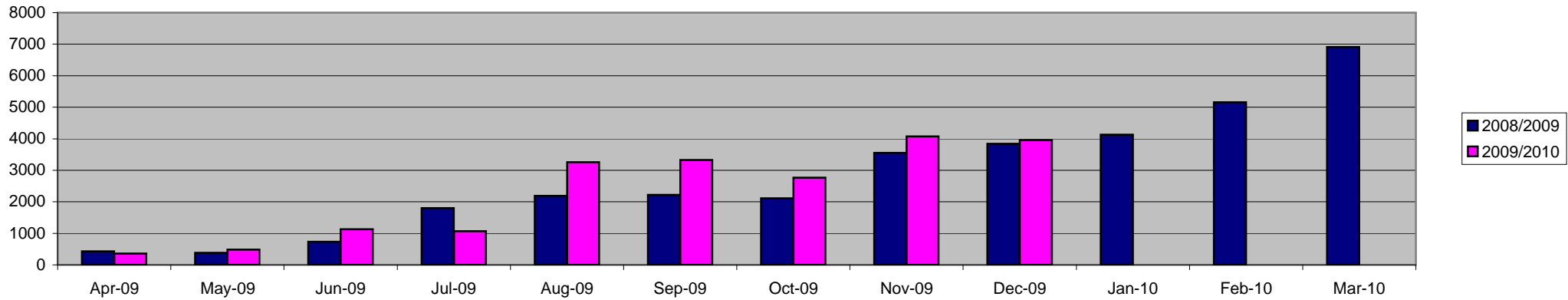
Analysis: £3922 which is a decrease of £23 when compared to previous month

5.3 Income & Expenditure Surplus to Date vs. Plan

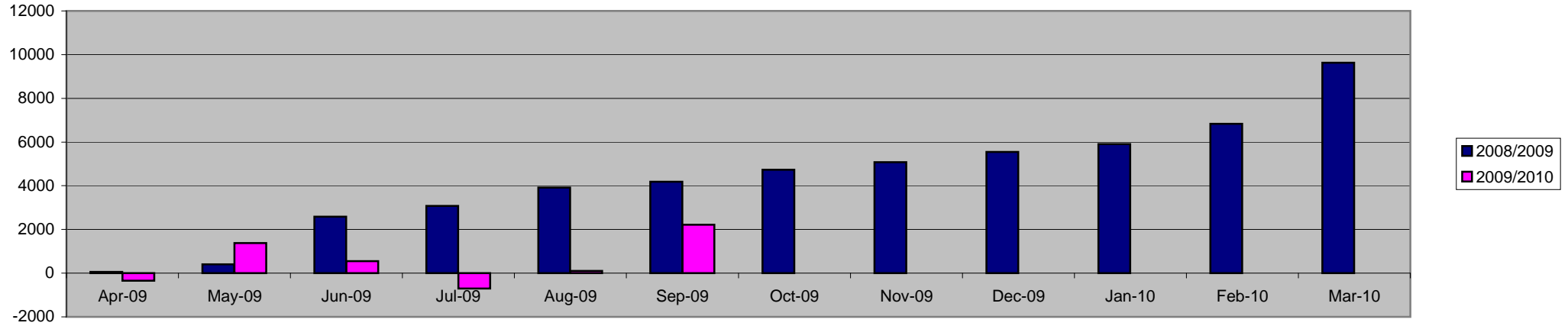


Analysis: £3957 which is a decrease of £114 when compared with previous month

5.4 Forecast income & expenditure surplus vs. plan (from month 3 onwards)



5.5 Cash Balance to Date vs. Plan



Analysis: Information not available.

5.6 Forecast cash balance vs. plan (from month 3 onwards)

Analysis: Information not available.

6) ENVIRONMENT

6.1

Stage One Schemes delivered to Budget

YTD Plan	YTD Actual	Variance
£12,152,610	£12,152,610	£0

Analysis: Total stage 1 scheme budget is £12,152,610, forecast expenditure at Month 9 is the same figure.

6.1

Capital Review Programme is delivered to CRL

YTD Plan	YTD Actual	Variance
£21,010,000	£21,442,714	£432,714

Analysis: The Month 9 forecast of end of year position represents a 2% overspend. The end of year position is being monitored on an ongoing basis to mitigate risk relating to project delivery and overall delivery of the CRL.

7) Better Care, Better Value

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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 170 Trusts that are currently reported in the Better Care, Better Value indicators

	Quarter 1 – 2009/10		Quarter 2 – 2009/10	
LOS	31 st	Negative	27 th	Positive
Day Case Rates	42 nd	Negative	29 th	Positive
Pre Op (Non-Elective)	89 th	N/A	117 th	Negative
Pre Op (Elective)	70 th	N/A	60 th	Positive
DNA	68 th	Positive	75 th	Negative
New to Review	128 th	Positive	102 nd	Positive

The table below shows our performance across two quarters against both the national average and against the upper quartile.

	QUARTER 1 – 2009/10		QUARTER 2 – 2009/10	
	Against national average	Against Upper Quartile	Against national average	Against Upper Quartile
LOS	Better	Better	Better	Better
Day Case Rates	Better	Worse	Better	Better
Pre Op bed days (Non-Elective)	Better	Worse	Worse	Worse
Pre Op bed days (Elective)	Better	Worse	Better	Worse
DNA	Better	Worse	Better	Worse
New to Review	Worse	Worse	Worse	Worse

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 1 – 2009/10		Quarter 2 – 2009/10	
LOS	1 st	Static	1 st	Static
Day Case Rates	5 th	Static	4 th	Positive
Pre Op (Non-Elective)	6 th	N/A	6 th	Static
Pre Op (Elective)	5 th	N/A	5 th	Static
DNA	3 rd	Positive	5 th	Negative
New to Review	10 th	Negative	7 th	Positive