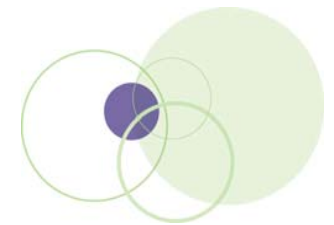


**Trust Board  
Performance Report 2010/11  
November**

*your hospitals, your health, **our priority***

# Contents



	Page
1. Key Changes	1
2. Executive Summary	2-4
3 Monitor & CQC Dashboard	5-6
4 CQUIN Indicators Dashboard	7-9
5 Key Performance Indicators	10-22
6 Workforce	23



## Page

**10 IG Toolkit Scores Report for November 2010 (Deadline 31st March 2010)**

**14 Ward to Board by Division**  
Added to illustrate areas of concern



## MONITOR FRAMEWORK

- The Monitor Framework is currently incomplete as we await the Cancer 62 day target figures at the time of this report. However all other targets have been met.

## CQUIN

- The CQUIN scheme for 2010/11 has now been signed off as part of the contract process. Divisional performance is reported monthly and action plans are required from Divisions where there is an adverse deviation to the trajectories on any of the schemes, to ensure income can be maximised. An executive led group is currently being formed to monitor progress of the CQUIN indicators with a focus on failing areas which are mainly within the Medicine Division at present.

## SAFETY

Quality and Safety Matrons continue to facilitate continued improvement across key areas

- **MRSA:** No cases in November. Trust continues to achieve its reduction target for 2010/11
- **MRSA Screening - Elective Admissions:** The Trust continues to achieve its Target for Elective MRSA screening. Audits continue to show very high compliance with elective MRSA screening policy
- **MRSA Screening - Non-Elective Admissions:** The Trust has met with the Commissioners and an Exclusion List for non-elective MRSA screening has been agreed and now adopted by the Trust. All Divisions have been advised of their poor compliance rating and how to improve. Spot audits will be performed by Infection Control to target areas of non-compliance.
- **Clostridium Difficile:** Increase in number of hospital acquired cases compared to October 2010. Overall, performance remains good with reduction target being achieved.
- **Ward to board** - The Director of Nursing has set up Meetings with all Ward Managers and has undertaken the first 10 of these across Musculoskeletal and Surgery to identify areas of improvement and any support required. The Ward to Board indicators are being reviewed as part of the E4E across the North West. This will realign the Trust with the latest essence of care guidance and ensure clear linkage to outcome measures.

## EFFECTIVENESS

- **HSMR** - This months HSMR is the best for many months, and a welcome improvement.
- **Never Events** - As at the 30th November 2010 it has been 973 patient days without a "Never Event" since the establishment of the baseline (1st April 2008).
- **Pressure Ulcers:** As at the 2nd December it has been 57 days since the last pressure ulcer incident. Following reviews the SSKIN bundle will be implemented in the new year.
- **Readmission rates:** There is some detailed analysis being undertaken by the Medicine Division looking at readmission rates by discharging consultant and common diagnoses, with the support of the Business Intelligence Team. The results of the analysis will be discussed at the division Service Improvement Team meetings.

## PATIENT EXPERIENCE

- **Real Time Patient Experience Survey:** An overall score of 91% for a positive patient experience has been achieved in November. This represents a further improvement of 0.8% on the October score. Volunteers and Governors survey 23 wards across the Trust.
- **How Are We Doing Patient Experience Survey:** An overall score of 84.9% was achieved during November. This was a decrease of 5.4% from October. The reports have been distributed to General Managers, all HON, Matrons, and Quality and Safety Matrons and will be discussed at the next QIC meeting.
- **Complaints** - The Medical Director and the Director of Nursing will be reviewing all red RAG rated complaints and incidents going forwards. Complaints increased back up to August and September levels. Complaints about staff attitude increased this month reflecting the general increase in the total received. Performance against the 25 day target improved this month to 55%, with responses in less than 30 days being at 70%.
- **Outpatient Cancellations:** The percentage of cancellations has remained the same as last month at 8.7% for November. The proportion of patients changing their appointment under the partial booking system with 6 weeks notice, is currently 64.9%
- **Temporary Staffing:** Temporary staffing spend has increased in Month 8 for the Trust. The Divisions of Medicine & Surgery are still hot spots where with the temporary staffing costs significantly exceeding the estimated salary savings from current vacancies. Temporary spend increased in Month 8 compared with Month 7 for Division of Medicine and Division of Surgery. In the Divisions of MSK, HR, Clinical Support Services and Finance temporary spend also exceeds the estimated salary savings from current vacancies. In the Divisions of IM&T, Medical Director, Estates & Facilities, Nurse Director and Trust Exec the estimated salary saving from current vacancies is in excess of the actual temporary spend.

## PERFORMANCE

- **A&E:** There was a slight improvement in performance for A&E during November to 98.3% excluding the attendances from the walk in centre. A&E performance remains challenging as Winter pressures have commenced.
- **18 Weeks (maintained as part of the local contract :**
  - Admitted Performance:** All specialties have achieved the waiting times target during November although there was a slight reduction in performance. There was an increase in the number of cancelled operations due to the inclement weather conditions. The PCT wish to reduce elective activity to help achieve their financial targets.
  - Non Admitted Performance:** All specialties achieved the waiting times target.
  - Median Waits:** Provision Admitted performance has improved slightly in November from 11.89 weeks in October to 11.67 in November (target 11 weeks). Provisional Non Admitted performance has improved slightly from 4.56 in October to 4.29 in November (target 6 weeks).
- **Activity v Plan:** Activity is ahead of plan in most areas. A service review is taking place within Rheumatology.
- **Cancer :** The 14 day and 31 day Cancer Targets were met during November. The 62 day target figures are in production and an update will be provided at the meeting.
- **Thrombolysis:** Provisional DTNT during November is 100%. Subject to confirmation of times from North West Ambulance Service Actual number is 8 out of 8 eligible patients.



Safety					KPI's Page
National		Internal Stretch Target		Indicator	
↑	0.33	↑	0	MRSA (Post 48hrs)	14
↓	12.16	↓	5	C.Diff	
↑	N/A	N/A	N/A	Ward to Board	11

- **MRSA** - November - No Cases. Annual Target = 4, Year to Date = 1 case
- **C.Diff** - November saw an increase in the number of C.Diff cases from 4 in October to 7 in November. Year to Date Actual = 53. Year to Date Target = 89. Annual Target = 146
- **Ward to board** - An improvement on last month. October 84.88%. November 89.34%

Effectiveness					KPI's Page
National		Internal Stretch Target		Indicator	
↑	N/A	N/A	N/A	HSMR	14
↔	N/A	N/A	N/A	Never Events	
↑	<=5%	N/A		Readmission Rates	14

- **HSMR** - Latest download from Dr Foster shows 81.8 RR for September 10. Rolling 12 month position is 97.1
- **Never Events** - As at the 30th November 2010 it has been 973 patient days without a "Never Event" since the establishment of the baseline (1st April 2008)
- **Readmission rates** - Readmission rates fell slightly from 6.8% in October to 6.6% in November

Patient Experience					KPI's Page
National		Internal Stretch Target		Indicator	
↑	N/A	N/A		Feedback Scores	17
↓	N/A	N/A		Complaints	15
↔	N/A	N/A		Outpatient Cancellations	
	N/A	N/A		Temporary Staff	22
↓	N/A	N/A		Delivering Same Sex Accommodation - Breaches	15

- **Real Time Patient Experience Survey** - An improved position since October. All areas are green apart from communication around patient worries and fears which has continued a downward trend and remains rated red
- **Complaints** - Complaints increased back up to August and September levels. Complaints about staff attitude increased this month reflecting the general increase in the total received. Performance against the 25 day target improved this month to 55%, with responses in less than 30 days being at 70%
- **OP Cancellations by Appt Date** - The percentage of cancellations has remained the same as last month at 8.7% for November. The proportion of patients changing their appointment under the partial booking system with 6 weeks notice, is currently 64.9%
- **Temporary Staffing**: Temporary spend is above target but has reduced slightly in month
- **DSSA** - There was one non clinical breach during November

Performance					KPI's Page
National		Internal Stretch Target		Indicator	
↑	95%	↑	98.5%	A&E	19
↑	TBC	N/A	N/A	A&E Median Wait	
↑	11 wks	N/A	N/A	Admitted Median Wait	20
↑	6 wks	N/A	N/A	Non-Admitted Median Wait	20
↓		↓	15 weeks	Admitted Patients: 18 Weeks Performance	20
↔		N/A		Admitted Patients: Number of Specialties Failing 18 Week Target	20
↑		↑	15 weeks	Non-Admitted Patients: 18 Weeks Performance	20
↔		N/A		Non-Admitted Patients: Number of Specialties Failing 18 Week Target	20
↑	N/A	N/A	N/A	Activity v Plan	
N/A	85%	N/A		Cancer - 62 Day from Urgent GP Referral to Treatment	
↔				Cancer - All Other Cancers	23
		↑		Thrombolysis - CTDT	19
↑	68%	↑		Thrombolysis - CTNT	19
		↑	100%	Thrombolysis - DTNT	19

- November performance improved slightly to 98.3%. Year to date is 98.8%
- November performance 2 hours 04 minutes
- The Provisional Trust Median for November is 11.67 weeks compared to 11.89 for October
- The Provisional Trust Median for November is 4.29 weeks compared to 4.56 for October
- Local contract standards retain 18 weeks. Provisional November 18 wk performance 92.40%. 15 wk performance is 66.41%. Internal Stretch Target = 15 weeks
- Local contract standards retain 18 weeks. Provisionally 0 specialties have failed the target compared to 0 last month
- Local contract standards retain 18 weeks. Provisional November 18 wk performance 98.04%. 15 wk performance is 95.95%
- Local contract standards retain 18 weeks. 0 specialties provisionally failing the target compared to 0 last month
- Activity is ahead of plan in most areas
- Figures not currently available.
- All other targets met during November
- Provisional CTDT during November is 62.5%. Subject to confirmation of times from North West Ambulance Service
- Provisional CTNT during November is 100% against the National Target of 68%. Subject to confirmation of times from North West Ambulance Service
- Provisional DTNT during November is 100%. Subject to confirmation of times from North West Ambulance Service Actual number is 8 out of 8 eligible patients

## Key:



Performing on or above target (cumulative)  
 Performing below trajectory ; robust recovery plan required (cumulative)  
 Failed target or significant risk of failure (cumulative)



Improving position (in month)  
 Worsening position (in month)  
 Steady position (in month)



Sub Ref No.	Summary description of risk	Status	Original	Mitigated Monthly Scores										
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1.1	Failure to achieve HSMR of no more than 90	C/F	15	10	15	15	20	20	20	20				
1.2	Develop and implement 6 integrated care pathways	New	16	16	16	16	16	12	12	12				
2.1	Failure to achieve a good patient experience	C/F	12	12	12	12	12	12	12	12				
3.1	Maintain CQC registration without conditions	New	25	20	15	15	15	6	6	6				
3.2	Maintain CQC registration HCAI without conditions	C/F	16	12	12	12	12	8	8	8				
3.3	Maintain Monitor compliance Framework	New	25	25	20	16	16	12	12	10				
3.4	Achieve NHSLA Level 2 accreditation (September 2010)	New	20	12	16	16	16	16	16	1				
3.5	18 week pathway all specialities	New	20	15	10	10	15	15	15	15				
3.6	Achieve 98% A&E target	C/F	20	15	10	10	10	12	12	12				
4.1	Implement new PAS	New	20	20	20	20	15	6	6	6				
5.1	Achieve an Annual Financial Risk rating of 4	New	20	20	20	20	20	20	20	20				
6.1	Agree a revised Strategic 3 year plan and further integrated Business P	New	15	15	15	15	10	10	10	10				
6.2	Board to approve a new overall site and service strategy	New	25	25	25	25	15	10	10	10				
7.1	Implement an OD Plan by September 2010	New	16	15	12	12	12	12	12	12				

The above table summarises the month on month mitigated risk scores for all BAF risks incl "carry over" of BAF risks from 2009/10

BAF Total Risk Scores	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Original April 2010 and Mitigated Scores for May 2010 - March 2011	265	232	218	214	204	171	171	154				
Risk Reduction % (Effectiveness of Mitigation if delivered, see assurances)	na	12.45	6.03	1.83	4.67	16.18	0.00	9.94				

The above table provides a comparison between the total original score in April 2010 and the mitigated risk score for May 2010 - March 2011

Risk Banding	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Low Risk 1-3	0	0	0	0	0	0	0	1				
Moderate Risk 4-6	0	0	0	0	0	2	2	2				
High Risk 8-12	1	4	5	5	5	7	7	7				
Extreme Risk 13-25	13	10	9	9	8	5	5	4				
Total No. of BAF Risks	14	14	14	14	13	14	14	14	0	0	0	0

The above table summarises and tracks the movement of BAF risks by risk banding

The key changes /updates to report following review of the BAF are as follows:

3.3 Monitor Compliance further progress against PWC action plan

3.4 Confirmation achieved NHSLA level 2 ( premium reduction from 1st Jan 11)

3.6 A&E risks associated with extreme weather conditions & delayed week end discharges



Regulator	Performance Indicators	Weighting	Thresholds	Q4 09/10	Q1 Actual	Q2 Actual	M7	M8	M9	Q3 Actual	YTD Performance	Comments
MONICQC	Incidence of MRSA	1.0	Statistical banding methodology - 4 cases	2	0	0	1	0		1	1	•
MONICQC	Clostridium difficile infections	1.0	Statistical banding methodology - 146 cases	23	27	15	4	7		11	53	•
MONICQC	62 - day wait for first treatment from urgent GP referral to treatment all cancers	1.0	85%	86.7%	85.2%	85.2%	85.5%	N/A		85.5%	85.2%	• The 62 day target figures are in production and an update will be provided at the meeting.
MONICQC	62 - day wait for first treatment from consultant screening service referral all cancers	1.0	90%	100%	95.2%	97.9%	100%	N/A		100%	97.1%	•
MONICQC	31 - day wait for second or subsequent treatment: surgery	1.0	94%	100%	100%	100%	100%	100%		100%	100%	• Due to Somerset System validation, November figures are draft and may change.
MONICQC	31 - day wait for second or subsequent treatment: anti cancer drug treatments	1.0	98%	100%	100%	100%	100%	100%		100%	100%	• Due to Somerset System validation, November figures are draft and may change.
MONICQC	31 - day wait for second or subsequent treatment: radiotherapy (from Jan 2011)	1.0	94%	-	-	-	-	-			-	• This target is not applicable to WWL
MONICQC	31 - day wait from diagnosis to treatment: all cancers	0.5	96.0%	98.9%	99.4%	99.5%	100%	100%		100%	99.5%	• Due to Somerset System validation, November figures are draft and may change.
MONICQC	Two week wait from referral to date first seen: all cancers	0.5	93%	99.1%	99.7%	99.5%	99.4%	100%		99.4%	99.6%	•
MONICQC	Two week wait from referral to date first seen: symptomatic breast symptoms	0.5	93%	86.8%	95.6%	98.2%	97.6%	97.0%		97.6%	97.0%	•
MONICQC	A&E Waiting Times (4 hours arrival to admission, transfer, discharge)	0.5	95%	97.9%	98.8%	99.1%	98.1%	98.3%		98.2%	98.8%	• Excludes Walk In Centre attendances.
MONICQC	Screening all elective in-patients for MRSA	0.5	100%	100%	105.1%	103.5%	111.7%	109.0%		110.3%	105.8%	•
MONICQC	Reperfusion waiting times - thrombolysis call to needle time within 60 minutes	0.5	68%	57.9%	75.0%	95.7%	88.9%	100.0%		94.1%	88.3%	• November is provisional subject to confirmation of times from North West Ambulance Service
MONICQC	Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability	0.5	Not yet published	-	Achieved	Achieved	Achieved	Achieved			Achieved	• The trust is fully complaint in line with current guidance.
MON	Overall governance risk rating			3.5	0	0	0	n/a	n/a			

Regulator	Performance Indicators	Weighting	Thresholds	Q4 09/10	Q1 Actual	Q2 Actual	M7	M8	M9	Q3 Actual	YTD performance	Comments
CQC	Maternity HES data quality indicator		<=15% (data completeness)	0.1%	0.1%						0.1%	•
CQC	Quality of Stroke Care		Not yet published	42.18%	63.82%	72.88%	55.81%	47.06%		51.95%	64.53%	•
CQC	Smoking during pregnancy and breastfeeding initiation rates:		Not yet published									•
	a) Breastfeeding initiation		(% variance from 09/10)	-1.3%	0.1%	2.0%	-0.5%	1.7%		0.6%	1.0%	•
	b) Smoking cessation			-13.0%	-2.3%	-0.1%	5.6%	0.9%		3.4%	0.1%	•
CQC	Cancelled operations:		<=0.8% cancellations and <=5% breaches of the 28 day guarantee									•
	a) Cancelled operations		<=0.8% cancellations	1.20%	0.63%	0.61%	1.10%	1.09%		1.09%	0.74%	• Please see further comments under the • Scheduled Care Cancelled Operations section
	b) New date within 28 days		<=5% breaches of the 28 day guarantee	0.8%	2.9%	0.0%	0.0%	0.0%		0.0%	0.9%	•
CQC	Delayed transfers of care		Not yet published	4.87%	4.41%	2.95%	3.30%	3.81%		3.56%	3.93%	•
CQC	Ethnic coding data quality		>=85%	97.0%	98.0%	98.0%	98.0%	98.0%		97.7%	97.9%	•
CQC	Rapid access waiting times		>=98%	99.1%	100%	100%	100%	100%		100%	100%	•

Care Quality Commission Indicators - Thresholds are 2009/2010 as published by the Care Quality Commission

\*\*Maternity data quality data source NHS IC Maternity Data Quality Dashboard. Data available two months retrospectively

Regulator Key:

MON Monitor  
CQC Care Quality Commission

Monitor risk rating criteria:

Green	A score of 0 - 0.9
Amber - Green	A score of 1 - 1.9
Amber - Red	A score of 2 - 2.9
Red	A score of 3 or above





Measure	Quality Domain	Areas of Quality Improvement	Indicator	Weighting	Financial Estimate £k	Baseline	Q1		Q2		Oct	Nov	Dec	Q3		Q4		Indicator Lead	Better Performance
							Actual	Target	Actual	Target				Actual	Target	Actual	Target		
National	Effectiveness	VTE	DoH Guidance	0.1	£200	36.8%	45.7%	N/A	71.6%	30%	71.4%	78.1%		74.8%	60%		90%	U.Prabhu	High Value
National	Patient Experience	Improving Patient Experience	DoH Guidance	0.2	£400	63.5	85.5	TBC	83.8	TBC	84.6	85.3		84.9	TBC		72.5	A.Foster	High Value
<b>Advancing Quality: These composite measures results are indicative and will be updated retrospectively when the Premier QMR reports are published. The overall indicator performance will include coding completeness, data completeness and composite measure scores as per the Audit Commission's requirements</b>																			
Regional	Effectiveness	AQ - Acute MI	Achievement of composite quality score	0.01	£20	94.4%	99.5%	TBC	97.9%	TBC	97.6%	100.0%		98.5%	TBC		TBC	S. Arya	High Value
			Patient Experience measures (PEM's) - survey return rate			TBC		TBC		TBC					TBC		TBC		
Regional	Effectiveness	AQ - Heart Failure	Achievement of composite quality score	0.01	£20	88.28%	80.4%	TBC	77.5%	TBC	95.9%	84.8%		90.5%	TBC		TBC	S. Arya	High Value
			Patient Experience measures (PEM's) - completion of survey			TBC		TBC		TBC					TBC		TBC		
Regional	Safety	AQ - Hip/knee	Achievement of composite quality score	0.01	£20	72.19%	91.8%	TBC	93.1%	TBC	91.5%	93.9%		92.2%	TBC		TBC	M. Porter	High Value
			Patient Experience measures (PEM's) - completion of survey			TBC		TBC		TBC					TBC		TBC		
Regional	Effectiveness	AQ - Pneumonia	Achievement of composite quality score	0.01	£20	63.07%	81.7%	TBC	82.3%	TBC	74.3%	73.7%		74.1%	TBC		TBC	R. Sundar	High Value
			Patient Experience measures (PEM's) - completion of survey			TBC		TBC		TBC					TBC		TBC		
Regional	Effectiveness	AQ - Stroke	Achievement of composite quality score	0.01	£20	81%	<b>Premier report specification received. Once data collection commences local reports will be developed for local monitoring as per the existing Advancing Quality pathways</b>											R. Sohail, A. Suman	High Value
			Achievement of care bundle			TBC													
Regional	Effectiveness	TARN - Accurate data collection and analysis of patient outcomes from severe trauma, with evidence of demonstrable improvement	Achievement of 'moderate improvement' status	0.1	£200	To be determined	✓✓	N/A	✓	N/A	N/A	N/A	N/A	Not available	N/A		✓✓	M. Karski	High Value
			Achievement of a minimum of 97% data accreditation				90.2%	N/A	88.2%	N/A	N/A	N/A	N/A	Not available	N/A		97%		

The intention of the CQUIN (Commissioning for Quality and Innovation) payment framework is to support and reinforce other elements of the quality approach and existing work in the NHS by embedding the focus on improved quality of care in commissioning and contract discussions.

In terms of the 1.5% contract value (or equivalent non-contract activity value) that Commissioners must make available for each provider's CQUIN scheme, it has been stated nationally that the split across indicators will be as follows:

- National 0.3%
- Regional 0.15%
- Local 1.05%

As the AQ- CABG is not applicable to Wrightington, Wigan and Leigh NHS Foundation Trust the weighting for this indicator has been removed from the regional indicators and added to the local indicators.

#### Better Performance:

**High value:** The higher the value on this indicator, the better the trust has performed.

**Low Value:** The lower the value on this indicator, the better the trust has performed.

#### National indicators summary:

**VTE:** Performance significantly below target in the division of medicine (November 29%, Year to date 20.1%). High levels of compliance in surgery and musculoskeletal. A compliance meeting has been called.

#### Patient Experience:

Indicative results based on local survey. Year end compliance will be based on the annual adult inpatient survey results 2010 which won't be available until mid January 2011.

#### Regional indicators commentary:

##### AQ - All

**There are a significant number of uncoded episodes for November 2010. If we fail the clinical coding data completeness target this results in all AQ targets failing, regardless of how well we do on the clinical pathway measures.**

**Premier reports for Q1 will only be available from Q3 and in the meantime this will be monitored internally using reports based on Premier algorithms as far as possible. Therefore, local figures are indicative.**

The observed rate is the number of episodes receiving the correct care (denominator) divided by the number of episodes that should have received the care (numerator).

These calculations are based on the core AQ algorithms but do not perform the complete list of exclusions. The results are the Composite Process Score which do not include the AMI survival index or the HK re-admission.

Patient experience measures - All patients as qualified by the AQ data dictionary who have completed an AQ PEM's survey

##### AQ Stroke:

The Stroke Database is now live within the EPR Care Pathway function. The Stroke team have requested changes to the data definitions and patient data will be entered once these changes have been configured.

**TARN** - Data published by TARN retrospectively. First report since participating in study has been received relating to April to June submissions, the annual expected submission are 269, to June 2010 we had submitted 67 records, 25% of the expected for the year. We should therefore achieve the required 40% submission rate required from a new member. Data completeness is only achieving one tick to date. Monthly TARN meeting with issue log to address issues.

**Trusts who were not members of TARN in 2009/10 must achieve 'Moderate Improvement' status in 2010/11 and 'Data Accreditation' of cases submitted to be a minimum of 97%**



Measure	Quality Domain	Areas of Quality Improvement	Indicator	Weighting	Financial estimate £k - All PCT's	Baseline	Q1		Q2		Oct	Nov	Dec	Q3		Q4		Indicator Lead	Better Performance	Comments:
							Actual	Target	Actual	Target				Actual	Target	Actual	Target			
Local	Effectiveness	1. Unscheduled Care - Time in A&E	A. Reduce number of A&E admissions between 3.5 and 4 hours as a proportion of the total number admitted within 4 hours to less than 48%	0.12	£240	60.3%	54.8%	<=57%	46.2%	<=54%	55.1%	49.8%		52.8%	<=52%		<=54%	R.Sohail	Low Value	• Failure in November for division of medicine
			B. Diagnostic results to be available for 92% of referrals within 1 hour	0.03	£60	88%	92%	>=89%	93%	>=90%	92%	93%		92%	>=91%		>=92%	D. Temperley	High Value	• Combined average performance
Local	Effectiveness	2. Unscheduled Care - Admissions	A. Reduce the number of admissions associated with the 19 ambulatory care conditions *	0.12	£240	13.9%	12.6%	<=13.5%	11.7%	<=12.5%	12.4%	11.3%		11.0%	<=11.5%		<=11.0%	R.Sohail	Low Value	Failure in November for division of medicine. However, this indicator relies on clinical coding and latest month/quarter position is subject to change
Local	Effectiveness	3. Unscheduled Care - Discharges	A. Reduce delayed discharges	0.05	£100	1.2%	1.2%	<=1.0%	0.90%	<=0.97%	0.8%	1.1%		1.0%	<=0.94%		<=0.90%	R. Sundar / J.Ramsdale	Low Value	• Failure in November for division of medicine and musculoskeletal
			B. Reduce re-admissions within 28 days	0.08	£160	6.7%	7.0%	<=6.5%	7.2%	<=6.0%	6.7%	5.9%		6.1%	<=5.5%		<=5.0%	R.Sohail / J.Cartwright / R.Sundar	Low Value	Re-admissions as per Dr Foster
			C. Reduce LOS in stroke unit *	0.08	£160	13.5	9.7	<=12.5	6.6	<=10.5	7.8	8.9		8.1	<=8		<=6	W. Tasker / A.Suman	Low Value	• Intelligence methodology. Failure in November for division of medicine
			D. Increase the proportion of patients that are discharged at the weekend	0.12	£240	14%	13.0%	>=14.5%	13.3%	>=16%	15.1%	12.8%		13.7%	>=17%		17%	R. Sundar	High Value	Failure in November for division of medicine. However, this indicator relies on clinical coding and therefore latest month/quarter position is subject to change
			E. Discharge Summaries sent to GPs within 24 hours	0.08	£160	31%	43.2%	>=40%	40.6%	>=50%	42.4%	39.5%		41.0%	>=70%		80%		High Value	• Failure in November for all divisions
Local	Patient Experience	4. End of Life Care	A. Increase the number of patients whose wish to die at home is met	0.04	£80	0%	Baseline collated during Q2 - awaiting confirmation of Q3/Q4 thresholds from Ashton, Leigh and Wigan PCT											J. Wiseman	Low Value	• October and November performance = 0%
Local	Patient Safety	5. Falls	A. Falls risk assessment to be undertaken on all patients aged over 60 attending A&E presenting with a fall	0.03	£60	100%	Baseline collated during Q2 - awaiting confirmation of Q3/Q4 thresholds from Ashton, Leigh and Wigan PCT											P. Jones	High Value	• Data for October/November is unavailable
			B. Increase referral rates to the falls assessment service or other relevant service	0.03	£60	49%	Baseline collated during Q2 - awaiting confirmation of Q3/Q4 thresholds from Ashton, Leigh and Wigan PCT											P. Jones	High Value	• Data for October/November is unavailable
Local	Patient Safety	6. Fracture Neck of Femur	A. Increase number of completed repairs within 24 hours	0.06	£120	53.2%	59.2%	>=55%	55.1%	>=57%	76.0%	52.8%		62.3%	>=60%		>=62%	N. Shah	High Value	•
			B. Decrease number of Neck of Femur patients re-admitted within 28 days *	0.06	£120	16%	13.5%	<=15%	17.6%	<=14%	16.7%	14.3%		15.6%	<=13%		<=12%	N. Shah	Low Value	Re-admissions as per Dr Foster
Local	Effectiveness	7. Breastfeeding	A. Increase the number of mothers continuing to breastfeed at point of transfer of care from Community midwives (WWL) to Health Visitors (ALWCH)	0.03	£60	55%	70%	>=55%	68%	>=60%	65%	51%		58%	>=65%	51%	>=70%	D.Swindlehurst	High Value	Data for November is indicative. Births at WWL data includes mothers who will be seen by community midwives • outside ALW patch. Data for breastfeeding at transfer to health visitor includes mothers who didn't give birth at WWL.



Measure	Quality Domain	Areas of Quality Improvement	Indicator	Weighting	Financial estimate £k	Baseline	Q1		Q2 YTD		Oct	Nov	Dec	Q3		Q4		Indicator Lead	Better Performance
							Actual	Target	Actual	Target				Actual	Target	Actual	Target		
Local	Patient Safety	8. Urinary Tract Infections	A. Reduce the number of hospital induced UTI's caused by catheters *	0.03	£60	0.56%	0.4%	<=0.5%	0.61%	<=0.45%	0.63%	0.28%		0.42%	<=0.4%		<=0.3%	L. Barkess-Jones	Low Value
Local	Effectiveness	9.Day Cases	A. Decrease the number of daycases admitted overnight	0.03	£60	6.56%	5.6%	<=6%	5.4%	<=5.5%	5.4%	5.4%		5.4%	<5.25%		<=5%	R.Wilson	Low Value
Local	Patient Safety/Effectiveness	10.Human Resources	A. Increase % of staff reporting having received compulsory training	0.02	£40	83.9%	86.7%	>=84%	86.8%	>=85%	87.3%	87.6%		87.6%	>=86%		>=87%	M. Cloney	High Value
			B. Increase % of staff reporting having received induction training	0.01	£20	90.8%	92.8%	>=91%	95.6%	>=92%	97.2%	95.6%		95.6%	>=92.5%		>=93%	M. Cloney	High Value
			C. Increase % of staff reporting having received a PDR	0.03	£60	79.3%	80.2%	>=80%	77.4%	>=81%	Available quarterly only			N/A	>=82%		>=84%	M. Cloney	High Value

Comments

- This indicator relies on clinical coding and therefore latest month/quarter position is subject to change
- Failure in November for all divisions
- Rolling 12 month total as month/quarter end. Awaiting data for November
- Rolling 12 month total as month/quarter end. Awaiting data for November
- Rolling 12 month total as quarter end

## Local indicators commentary:

There are a significant number of uncoded episodes for November 2010; November's position is expected to change as coding is completed.

## Better Performance:

**High Value:** The higher the value on this indicator, the better the trust has performed.

**Low Value:** The lower the value on this indicator, the better the trust has performed.

\*L2a, L3c, L6b and L8a these indicators are dependant upon clinical coding deadlines and may change retrospectively.

L6b - 2 key actions are:

> Trauma Co-ordinators/Team to review re-admissions directly associated with Orthopaedics via audit and presentation to Consultants/Ortho geriatricians

> Patients who have a re-admission under different speciality will be discussed and reviewed in conjunction with Geriatrician regularly, highlighting trends and to seek opportunities/action to address.

L8 - Criteria for catheterisation has been incorporated within an updated Catheterisation Policy. This Policy has now been forwarded to the Professional Advisory Board for subsequent approval.

Work has continued developing the manual data base. Within this manual system, all Division's have started to identify reasons/ conditions which requiring catheterisation. Wards are required to forward a weekly Catheterisation form indicating the reason for catheterisation. Any patient catheterised without having an assigned reason/condition nor Policy criteria will be classed as inappropriate, inline with the CQuin UTI's criteria

L10c - Data for PDR compliance available on a quarterly basis only



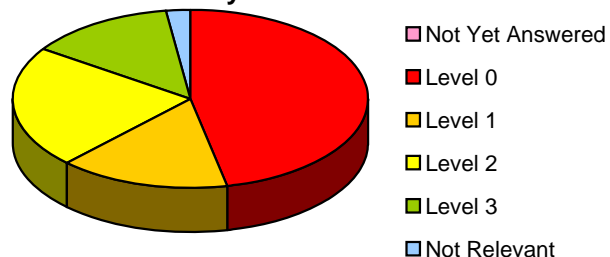
## IG Toolkit Scores Report for November 2010 (Deadline 31st March 2010)

Goal: To show an improvement across all requirements and achieve level 2 against the 22 out of the 45 requirements mandated

Overall													
Assessment	Stage	Date	Level 0	Level 1	Level 2	Level 3	Not Relevant	Total Req'ts	Key Req'ts Not Met	Key Req'ts Met	Total Key Req'ts	Overall Score	Grade
Version 8 (2010-2011)	Baseline	31/10/2010	23	7	13	2	0	45	14	8	22	28%	Not Satisfactory
	Performance Update	31/10/2010	23	7	13	2	0	45	14	8	22	28%	Not Satisfactory
	Current	22/11/2010	21	7	10	6	1	45	12	10	22	34%	Not Satisfactory

Notes: As at 22nd November 2010

### Version 8 - Overall (Current) Breakdown by Attainment Level



### Comments

The November position is based on the evidence that has been gleaned up to the 22nd November. The Trust is required to achieve at least attainment level 2 on the 22 mandated requirements out of the 45 IG Toolkit requirements across all categories. The key issues affecting the submission are with regards to guidance changes within the toolkit which has required more in-depth scrutiny into policies, procedures and processes to ensure the Trust fulfills all the criteria adequately. One of the major areas of concern is linked to IG training which is proving difficult to achieve within the timescales and is looking doubtful. There have been a series of action plans which have been developed over time from March 2010 which detail the work required to meet the requirements. Presentations by key staff have taken place at the Information Governance Committee, Management Board and the Audit Committee to raise the importance of achieving compliance. A position statement for the end of December scores will be distributed in early January to key managers and executives.

### Key

RED	Overall score in range 0-39% (Version 7 or before)
AMBER	Overall score in range 40-69% (Version 7 or before)
GREEN	Overall score in range 70-100% (Version 7 or before)
Not Satisfactory	Not achieved Attainment Level 2 or above on all requirements (Version 8 or after)
Satisfactory	Achieved Attainment Level 2 or above on all requirements (Version 8 or after)



## PATIENT EXPERIENCE DASHBOARD

### Key:

	Performing on or above target (cumulative)
	Performing below trajectory ; robust recovery plan required (cumulative)
	Failed target or significant risk of failure (cumulative)

↑	Improving position (in month)
↓	Worsening position (in month)
↔	Steady position (in month)

Access		Patient Experience						What Patients Tell us	
<div>↔</div>	Outpatient Cancellations	Privacy & Dignity		Delays		Complaints		<div>↑</div>	Feedback scores - real time survey
		<div>↑</div>	Delivering Same Sex Accommodation - Survey Results	<div>↑</div>	Discharge Delays of 2 Hours and over	<div>↓</div>	Complaints with reason 'Attitude of Staff'		
<div>↑</div>	Cancelled Operations							<div>↓</div>	Would you recommend?
								<div>↑</div>	Choice of Food
								<div>↓</div>	Communication: Worries & Fears
								<div>↑</div>	Pain Control

# Performance Exceptions Report: November (M8) 2010/11

Page 12



The Nursing Quality Outcomes report consists of nine nursing care indicators which are used to assess and measure standards of clinical care and patient experience. The reporting framework on nursing indicators is designed to support nurses in practice to understand how they deliver care identifying what works well and where further improvements may be required. The Trust has been monitoring nursing care using this framework for the last two years. The process involves inspection of documentation, work environment and nursing care delivered on a monthly basis with results fed back to senior nurses, ward managers for action. This facilitates the identification of any issues that require further action

Indicator	Q4 09/10 Avg	Q1 Avg	Q2 Avg	Oct	Nov	Dec	Q3 Avg	YTD Avg
FALLS ASSESSMENT	91.98	89.87	88.70	87.67	91.51		89.59	89.36
FOOD AND NUTRITION	95.07	95.41	92.54	89.50	96.54		93.02	93.74
HEALTHY HOSPITALS	91.40	95.99	83.55	74.43	70.44		72.43	85.44
INFECTION PREVENTION & CONTROL	93.29	92.12	92.09	85.84	92.14		88.99	91.33
MEDICINE ADMINISTRATION	93.25	94.36	92.47	88.13	94.65		91.39	92.91
PAIN MANAGEMENT	96.80	98.72	94.12	89.50	95.60		92.55	95.45
PATIENT OBSERVATIONS	85.99	88.79	81.03	76.26	82.08		79.17	83.47
PRESSURE AREA CARE	90.29	88.47	83.39	77.17	88.36		82.77	85.14
PRIVACY AND DIGNITY	95.89	95.98	94.08	95.43	92.77		94.10	94.80
AVERAGE	92.66	93.30	89.11	84.88	89.34		87.11	90.18

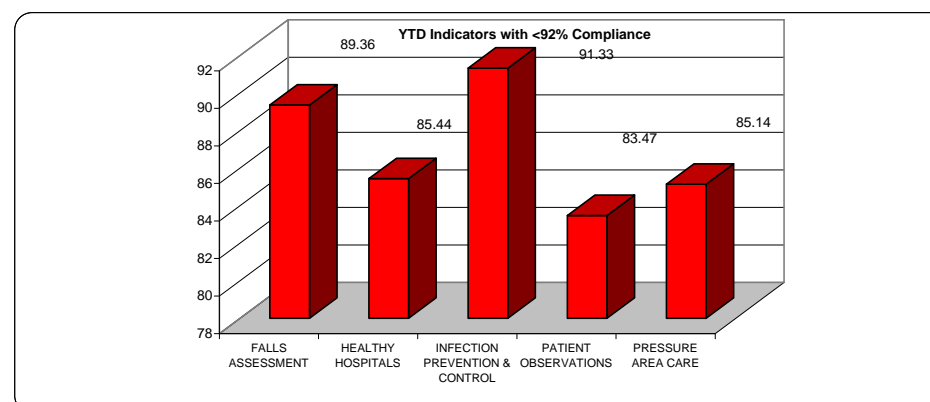
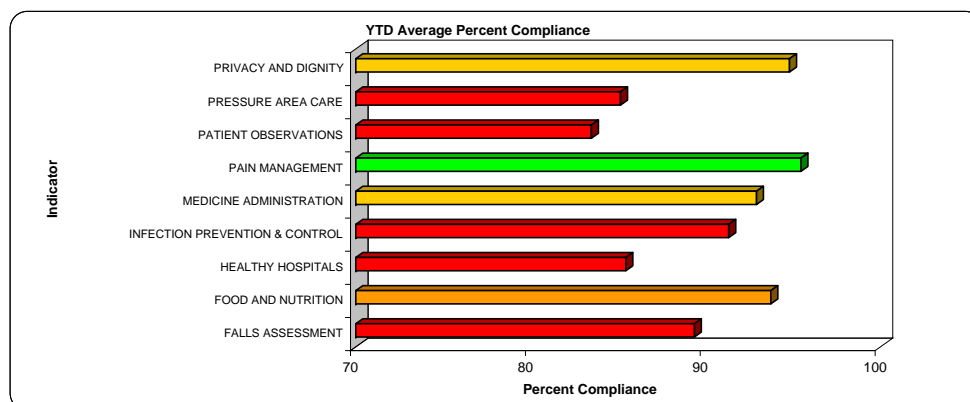
## Comments:

The Director of Nursing has set up meetings with all ward managers and has undertaken the first 10 of these across Musculoskeletal and Surgery to identify areas of improvement and any support required.

The Ward to Board indicators are being reviewed as part of the E4E across the North West. This will realign the Trust with the latest essence of care guidance and ensure clear linkage to outcome measures.

## RAG Rating Criteria

Red = <92
Amber = >=92% and <95%
Green = >=95%



# Performance Exception Report: November (M8) 2010/11

Page 13



Ward to Board - Medicine	Q4 09/10 Avg	Q1 Avg	Q2 Avg	Oct-10	Nov-10	Dec-10	Q3 Avg	YTD Avg
FALLS ASSESSMENT	88.59	82.78	85.66	84.62	89.47		87.04	84.93
FOOD AND NUTRITION	94.49	93.23	89.84	91.21	94.74		92.97	91.89
HEALTHY HOSPITALS	94.34	97.61	77.37	67.03	53.80		60.42	80.72
INFECTION PREVENTION & CONTROL	90.81	85.72	89.16	86.81	95.32		91.07	88.34
MEDICINE ADMINISTRATION	93.86	93.40	92.67	86.81	94.74		90.78	92.47
PAIN MANAGEMENT	96.91	98.47	94.67	87.91	93.57		90.74	95.11
PATIENT OBSERVATIONS	80.16	85.48	73.09	69.23	72.51		70.87	77.18
PRESSURE AREA CARE	86.49	80.82	79.73	75.82	87.72		81.77	80.65
PRIVACY AND DIGNITY	93.08	92.74	92.96	93.41	87.13		90.27	92.20

Ward to Board - Surgical	Q4 09/10 Avg	Q1 Avg	Q2 Avg	Oct-10	Nov-10	Dec-10	Q3 Avg	YTD Avg
FALLS ASSESSMENT	94.43	97.77	97.00	95.35	95.52		95.44	96.90
FOOD AND NUTRITION	92.87	97.04	93.47	90.70	98.51		94.60	95.09
HEALTHY HOSPITALS	80.69	91.18	92.17	83.72	91.04		87.38	90.60
INFECTION PREVENTION & CONTROL	99.58	99.32	99.12	93.02	98.51		95.77	98.36
MEDICINE ADMINISTRATION	97.62	98.72	95.28	100.00	94.03		97.01	97.00
PAIN MANAGEMENT	93.01	97.95	98.46	97.67	97.01		97.34	97.99
PATIENT OBSERVATIONS	94.43	99.32	98.47	95.35	100.00		97.67	98.59
PRESSURE AREA CARE	91.00	94.36	91.87	90.70	92.54		91.62	92.74
PRIVACY AND DIGNITY	99.58	99.70	100.00	100.00	100.00		100.00	99.89

Ward to Board - Musculoskeletal	Q4 09/10 Avg	Q1 Avg	Q2 Avg	Oct-10	Nov-10	Dec-10	Q3 Avg	YTD Avg
FALLS ASSESSMENT	98.56	97.58	87.58	87.06	92.50		89.78	91.88
FOOD AND NUTRITION	98.21	98.53	95.10	87.06	98.75		92.90	95.84
HEALTHY HOSPITALS	93.12	97.43	85.02	77.65	88.75		83.20	89.22
INFECTION PREVENTION & CONTROL	94.58	98.90	91.18	81.18	80.00		80.59	91.43
MEDICINE ADMINISTRATION	88.10	91.54	87.97	83.53	95.00		89.26	89.63
PAIN MANAGEMENT	99.64	100.00	88.89	87.06	98.75		92.90	94.06
PATIENT OBSERVATIONS	93.89	84.78	79.57	74.12	87.50		80.81	81.83
PRESSURE AREA CARE	99.64	99.63	83.33	71.76	86.25		79.01	88.36
PRIVACY AND DIGNITY	100.00	99.36	90.85	95.29	98.75		97.02	95.59

## ■ Medicine(November areas for concern are: All indicators with the exception of Infection Prevention and Control):

Vacancies within the division are now at 14 wte. Escalation wards have occurred stretching resources. The Matrons will action plan and endeavour to improve this poor performance on several metrics and work with their teams to deliver. Head of Nursing will review and report accordingly at board level, with responsibility for affecting the structures and processes within the nursing service. The Matrons will be supported via 1:1 and groups building working relationships and knowledge. A daily metric has been instigated for daily Matron Ward visits to measure the safety factors to provide better performance management of all areas. A meeting is planned with the Director of Nursing and evidence will be provided at these meeting from ward Managers to the Director of Nursing to demonstrate actions to improve such poor results.

## ■ Surgery (November areas for concern are: Healthy Hospitals , Medicine Administration and pressure care area care):

There has been a general improvement in ratings from the last report, however one ward has scored low in the Healthy hospitals criterion which has affected the overall divisional percentage. An urgent meeting has been arranged between the Head of Nursing and Ward Manager to understand the reasons for this and formulate an action plan. All other criteria have improved with the exception of medicine administration which has deteriorated from 100% to amber score of 92.54%. The Enhanced Recovery Programme commenced informally on Swinley Ward in November with a full launch for colorectal patients on 6th December 2010 with Breast Care commencing preoperative work and review of cascade to other specialties within the division. There have been a number of positive patient experiences reported within the Division this month via comments cards and letters focussing mainly on two ward areas. Additionally the ward that was the highest in the division for patient complaints relating to attitude, has now significantly reduced the number being received over the past quarter , with none reported for this month. This has followed focussed work by the Ward Manager with support from the Senior Nursing team.

## ■ Musculoskeletal (November areas for concern are Falls assessment, Healthy hospitals, Infection prevention and control, Medicine Administration, Patient observations and Pressure Area Care: ):

There has been improvement across all the nursing metrics within the division however there have been issues identified with the use and monitoring of VAP charts on the elective site which are affecting infection control scores. Medicines administration and pain management have seen the greatest areas of improvement in the ward to board audits with ward managers developing action plans to address these patient safety and patient experience issues. Aspull ward received and Energising for Excellence award for the work undertaken as part of the pilot for the Falls project.



## Results of monthly Ward to Board Audits

### MATERNITY

Indicator	Q1 Avg	Q2 Avg	Oct	Nov	Dec	Q3 Avg	YTD Avg
ANTE NATAL CARE	76.40	81.04	80.00	80.00		80.00	79.04
ANTE NATAL CARE;CHOICE OF APPROPRIATE CARE	96.51	85.51	96.00	100.00		98.00	92.76
COMMUNICATION	100.00	92.00	100.00	100.00		100.00	97.00
DOCUMENTATION	64.84	66.46	96.00	100.00		98.00	73.74
INFANT FEEDING	82.36	70.98	80.00	96.00		88.00	79.51
PRIVACY AND DIGNITY	98.04	100.00	100.00	100.00		100.00	99.26
SMOKING CESSATION	75.49	94.86	92.00	100.00		96.00	87.88
WORKFORCE	98.81	97.33	100.00	96.00		98.00	98.05
AVERAGE	86.56	86.02	93.00	96.50		94.75	89.51

### Emergency Care Centre - MAJORS

Indicator	Q1 Avg	Q2 Avg	Oct	Nov	Dec	Q3 Avg	YTD Avg
FALLS ASSESSMENT	87.88	76.39	87.50	100.00		93.75	85.04
FOOD AND NUTRITION	100.00	100.00	100.00	100.00		100.00	100.00
INFECTION PREVENTION & CONTROL	97.62	95.83	100.00	100.00		100.00	97.54
MEDICINE ADMINISTRATION	96.67	95.83	75.00	100.00		87.50	94.06
PAIN MANAGEMENT	84.89	91.67	87.50	100.00		93.75	89.65
PATIENT OBSERVATIONS	88.87	63.89	37.50	100.00		68.75	74.47
PRESSURE AREA CARE	85.50	80.56	100.00	100.00		100.00	87.27
PRIVACY & DIGNITY	96.67	100.00	87.50	100.00		93.75	97.19
AVERAGE	92.26	88.02	84.38	100.00		92.19	89.69

### Emergency Care Centre - MINORS

Indicator	Q1 Avg	Q2 Avg	Oct	Nov	Dec	Q3 Avg	YTD Avg
FOOD AND NUTRITION	100.00	100.00	100.00	100.00		100.00	100.00
INFECTION PREVENTION & CONTROL	100.00	100.00	100.00	100.00		100.00	100.00
MEDICINE ADMINISTRATION	100.00	100.00	100.00	100.00		100.00	100.00
PAIN MANAGEMENT	96.67	100.00	100.00	100.00		100.00	98.75
PATIENT OBSERVATIONS	76.97	88.43	90.91	42.86		66.88	78.74
PRIVACY AND DIGNITY	100.00	100.00	100.00	100.00		100.00	100.00
AVERAGE	95.61	98.07	98.48	90.48		94.48	96.63

### Emergency Care Centre - CHILDREN

Indicator	Q1 Avg	Q2 Avg	Oct	Nov	Dec	Q3 Avg	YTD Avg
FOOD AND NUTRITION	100.00	100.00	100.00	100.00		100.00	100.00
INFECTION PREVENTION & CONTROL	100.00	100.00	100.00	100.00		100.00	100.00
MEDICINE ADMINISTRATION	100.00	100.00	100.00	100.00		100.00	100.00
PAIN MANAGEMENT	100.00	100.00	100.00	100.00		100.00	100.00
PATIENT OBSERVATIONS	100.00	100.00	100.00	100.00		100.00	100.00
PRIVACY AND DIGNITY	100.00	100.00	100.00	100.00		100.00	100.00
AVERAGE	100.00	100.00	100.00	100.00		100.00	100.00

#### Comments:

▪ **Maternity:** Indicators continue to show steady improvement. Areas where antenatal care indicators fall below 85% are currently developing actions plans to address shortfalls.

▪ **MAJORS:** Majors an outstanding performance in times of pressures.

▪ **MINORS:** Weight recording issue good compliance to other metrics.

▪ **Emergency Care Children:** Continues to show good performance.

The Director of Nursing is leading the Northwest Steering Group for Energising for Excellence (E4E) which embraces the CNO's key actions. The Trust is a leader in the reduction of pressure ulcers and continues the work with The Institute for Healthcare Innovation in relation to falls. Our Protected Meal Time Policy has been revisited and the Nutritional Nurse Specialist is supporting the ward staff in improving this area. Outcome measurements are to be highlighted in the evolving ward2board reports which will also include RAG rating of wards.

#### RAG Rating Criteria

Red = <92
Amber = >=92% and <95%
Green = >=95%





## SAFETY

	Q4 09/10	Annual Target	Q1	Q2	Oct	Nov	Dec	Q3	YTD
Percentage MRSA screening for Non-Elective Admission (Emergency)	n/a	n/a	10.9%	39.6%	42.7%	47.8%		45.1%	30.0%
Percentage Hand Hygiene Compliance	90.32	95%	89.25	89.41	91.22	91.72		91.47	90.04

### MRSA Screening:

■ **Non-Elective Admissions (Emergency):** The Trust has met with the Commissioners and an Exclusion List for non-elective MRSA screening has been agreed and now adopted by the Trust. All Divisions have been advised of their poor compliance rating and how to improve. Spot audits will be performed by Infection Control to target areas of non-compliance.

■ **Hand hygiene** - Medicine and Surgical Divisions have identified that some wards Hand Hygiene data has previously not been submitted to lack of cross cover within their Division. Data input staff have been identified to ensure cross cover and staff are receiving additional training.

The Infection Control Department has re-launched the "Cleanyourhands" Ward/Department Champions to support the work of the ward/department auditor. Poor compliance wards are receiving additional Infection Control support with the aim of helping staff to challenging non-compliant Healthcare Workers that let their wards/departments audit down. A name and shame programme may start should there be repeat offenders.

### HSMR:

#### HSMR: Diagnoses - HSMR Groups

Trend (Month)	Expected	RR	Rolling 12 Mths Avg
Oct-2009	93.1	96.7	93.0
Nov-2009	99.4	84.5	90.7
Dec-2009	114.6	96.9	90.1
Jan-2010	109.5	112.4	92.4
Feb-2010	95.6	100.4	93.9
Mar-2010	96.3	98.6	94.2
Apr-2010	98.6	105.5	96.6
May-2010	91.7	107.9	98.4
Jun-2010	91.3	98.6	99.7
Jul-2010	92.3	88.9	98.8
Aug-2010	97.4	93.4	99.6
Sep-2010	94.1	81.8	97.1

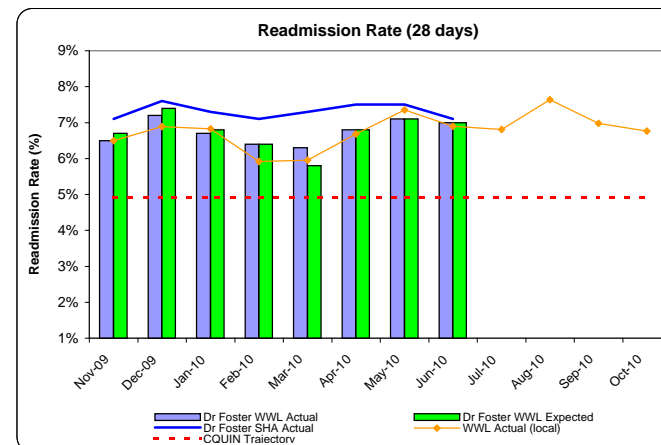
Data Source: Dr Foster Intelligence

#### HSMR RAG Rating Criteria Prior to April 2010

Red = >94  
Amber = >92 and <=94  
Green = <=92

#### HSMR RAG Rating Criteria from April 2010

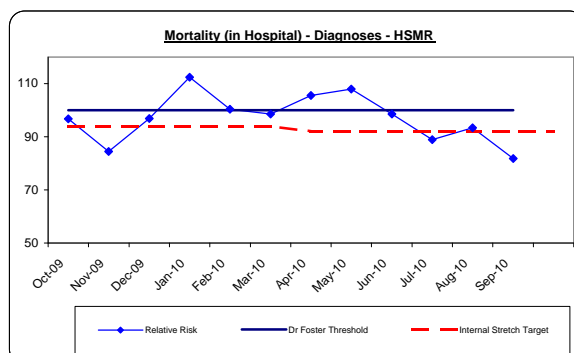
Red = >92  
Amber = >90 and <=92  
Green = <=90



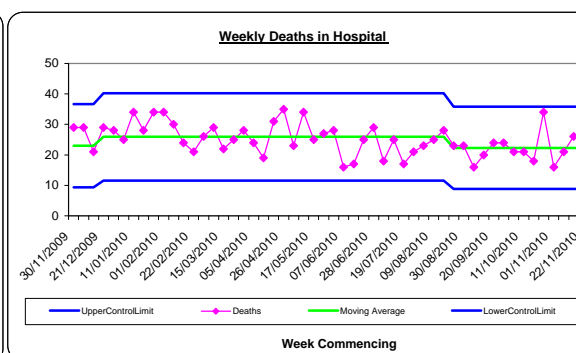
### Comments:

**HSMR** - The welcome improvement in HSMR for September is matched by the lowest recorded number of deaths for November. Both of these are strong indicators of good performance. We had a very worrying Spring, but Summer and Autumn have balanced this to a great extent. We need to continue this progress through the winter and into the year ahead.

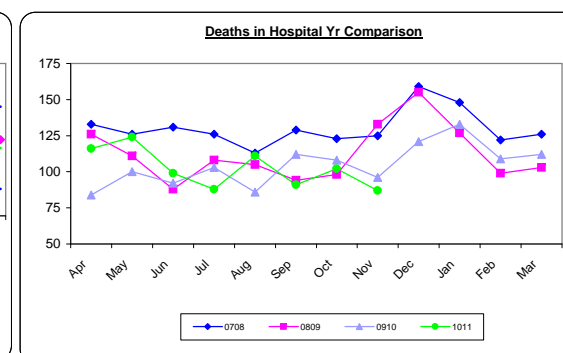
HSMR task force has been relaunched with a more multidisciplinary focus.



Data Source: Dr Foster Intelligence



Data Source: PAS

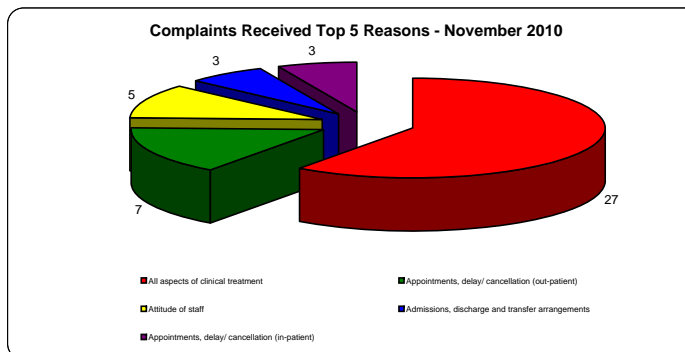
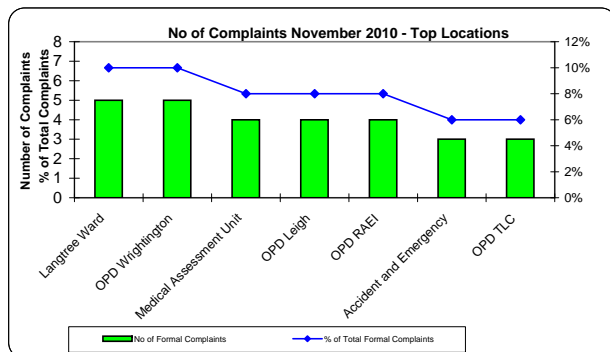


Data Source: PAS



## PATIENT EXPERIENCE

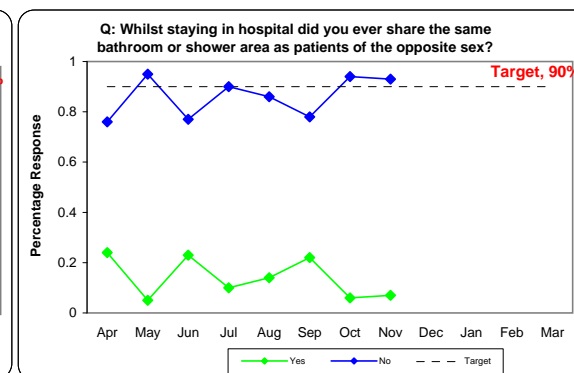
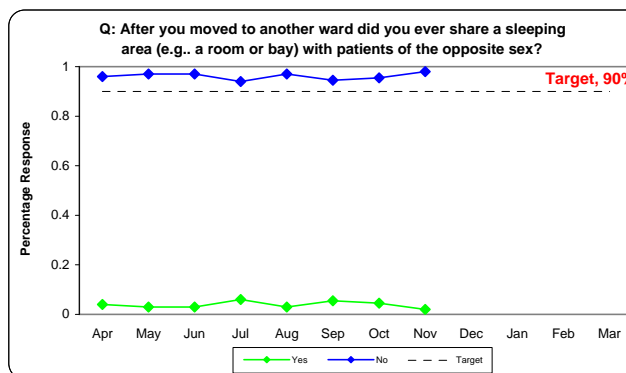
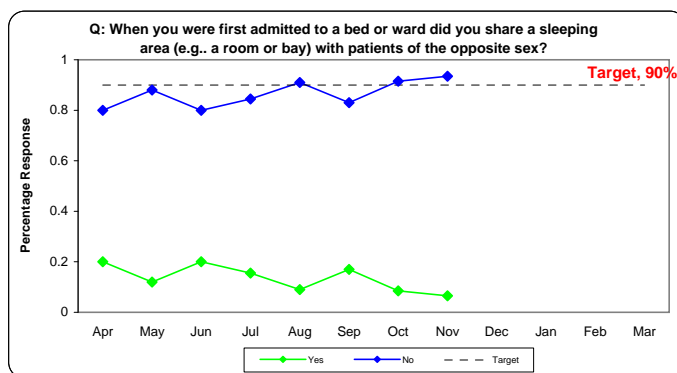
### Complaints:



**Complaints:** The Medical Director and the Director of Nursing will be reviewing all red RAG rated complaints and incidents going forwards.

Complaints increased back up to August and September levels. Complaints about staff attitude increased this month reflecting the general increase in the total received. Performance against the 25 day target improved this month to 55%, with responses in less than 30 days being at 70%. Further work is ongoing to effect further improvement.

### Delivering Same Sex Accommodation:



### Comments:

#### DSSA (Delivering Same Sex Accommodation)

There was one non clinical breach during November.

The Department of Health has issued further guidance on the elimination of mixed sex accommodation which gives an update on requirements with regard to recognising, reporting and eliminating breaches of the policy. The letter states that reporting systems should be established immediately and for figures to be made public from January 2011 following the commencing of reporting in December 2010. A meeting to discuss the impact of the guidance is being held on 13th December so that the Trust is fully prepared and is compliant.

Complaints	0
Justified Clinical Breaches	1660
Non Justified Clinical Breaches	1



						2010												Target figures		
	Goal	Goal	Red Flag	Measure	Frequency	Data Source	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Comments/ Actions	
	Bookings	3250 / 270	>3500 / or >290<250	1st Visit Bookings	Monthly	Informatics	235	260	303	268	289	295	290	267	257	263	273			
Clinical Effectiveness	Booked by 12.6 Weeks	90%	<75%				88.08%	63.46%	87.12%	74.62%	83%	61%	90%	75%	91%	85%	91%			
	Booked after 13 weeks	10%	>20%				11.91%	36.53%	9.24%	17.16%	17%	39%	10%	25%	9%	15%	9%			
	Births Benchmarked to 3250	3250 / 270	>3500 / 290 or <230	Total/ Births	Monthly	Protos / Register	273	262	281	229	261	233	238	264	256	291	251			
	Planned Home Births	2.00%	<1%	Total/ Births	Monthly	Protos / Register	1.83%	1.52%	2.13%	1.31%	1.14%	4.29%	1.70%	0.76%	1%	3%	1%			
	Unplanned Home Births	<1%	>1%	Total/ Births	Monthly	Protos / Register	0.73%	0.38%	0.71%	0.87%	0.38%	0.38%	0.85%	0.38%	0.35%	0.34%	0.39%		BBA's (Midwife not in attendance at delivery)	
	Instrumental Vaginal Deliveries	10-15%	>15%	Forceps/ Ventouse Births	Monthly	Protos	13.00%	11.07%	13.80%	10.91%	12.26%	11.16%	10.92%	10.98%	8.98%	6.80%	13.00%		12.1 % National Average (UK)	
	Total Caesarean Sections	20-23%	>23%	C-Section Births	Monthly	Protos	21.40%	16.67%	18.51%	17.62%	23%	25%	28%	20%		19%	23.00%	25%	All emergency sections are now being reviewed using the NPSA tool for HIA and recommendations are made to individuals accordingly - 24.6% National Average (UK)	
	Inductions	<23%	>25%	No of Patients	Monthly	Protos	25.45%	24.31%	24.91%	33.92%	27.73%	26.96%	24.68%	27.30%	23.01%		26.00%	26.00%	Work is ongoing in reviewing all cases and the current guideline is under review - UK Average 20-25 %	
	Failed Inductions	<2%	>2%	No of Patients	Monthly	Protos	1.81%	0.76%	3.16%	2.18%	1.53%	3.43%	2.94%	1.52%	4.53%				rolling average altered to 2% August 2010 with 12 months data now available. Unable to retrieve this data from Euroking	
Breast Feeding Rate	60%	<50%	Initiated B/Feed	Monthly	Protos	50%	54%	51%	51%	50%	53%	53%	55%	52%	51%	54%		National Average 69% (UK)		
Safety	Weekly Hour's Consultant Cover	>40 hours	<40 hours	Prospective Presence.	Monthly	Con Rota	40hrs	40hrs	40hrs	40hrs	40hrs	40hrs	40hrs	40hrs	40	55	64.5	60	On Delivery Suite	
	Midwife / Birth Ratio	1.28	01:33	WTE/ Births	Monthly	Birth Register/ Establishment	01:32.0	01:32.5	01:32.0	01:32.5	01:33.8	01:33.2	01:31.6	01:31.6	01:31	1.30	1.30	1.30	Figures retrospectively re-calculated using actual births/ hours worked.	
	Supervisor / Midwife Ratio	1.15	1.20	SOM/ Midwife Ratio	Monthly	SOM Database	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	01:15	01:15	Recommended 1:15 minimum	
	Education / Training Attendance	90%	<90%	Training database	Monthly	Training Database	0%	8%	17.80%	28%	39%	46%	No Training	50%	68%	78%	88%	98%	(Rolling percentage of attendance)	
	Sickness levels																			
	Maternity Ward	<4.0%	>4.9%		Monthly	HR	7.81%	1.39%	5.27%	5.53%	3.56%	1.54%	4.65%	6.21%	5.58%	4.27%	3.90%	3.90%	(Sickness figures 1 month behind)	
	Delivery Suite	<4.0%	>4.9%		Monthly	HR	4.26%	2.92%	4.81%	5.09%	4.20%	7.57%	6.03%	6.37%	4.50%	4.99%	3.90%	3.90%		
	Ante Natal Clinic	<4.0%	>4.9%		Monthly	HR	6.25%	6.25%	4.81%	7.20%	4.90%	7.10%	8.12%	11.94%	12.78%	7.19%	3.90%	3.90%		
	Community	<4.0%	>4.9%		Monthly	HR	1.25%	1.14%	0.00%	2.30%	0.00%	5.20%	7.82%	8.00%	4.81%	6.97%	1.00%	1.00%		
	Medical Staff	<4.0%	>4.9%		Monthly	HR	0.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.87%	0.00%	1.00%	1.00%		
Patient Experience	Shoulder Dystocia	>6 per month	>10 per month	No of Patients	Monthly	Datix	4	5	2	2	2	2	2	1	4	5	2			
	Massive PPH > 1500mls	3 cases	> 3 cases	No of Patients	Monthly	Datix	2	1	0	1	1	1	2	1	0	1	2			
	Blood Transfusions			No of Patients	Monthly	Lab IT	2	1	0	0	4	0	0	0	0	1	1		3 units or >	
	Unexpected Admissions to NNU			No of Patients	Monthly	Datix	3	2	0	1	5	1	3	0	0	11	2		(Term infants)	
	High Dependency Care	< 10	> 10	No of Patients	Monthly	Datix	9	5	7	9	14	7	7	5	8	7	6		( Maternity HDU )	
	Apgars < 7	< 10	> 10	No of babies	Monthly	Protos	5	4	2	3	3	6	3	3	8		5			
	3 <sup>rd</sup> /4 <sup>th</sup> Degree Tears	>6 per month	>8 per month	No of Patients	Monthly	Datix	6	3	13	2	3	3	3	8	3	5	7		RCOG <5% of Deliveries/ Local <3%	
	Total Clinical Incidents	<30	>40	No of Patients	Monthly	Datix	39	25	18	17	27	35	30	25	20	38	30			
	SUI's	<1	>2	No of Patients	Monthly	Datix	0	1	1	1	0	0	0	0	0	0	0	0		
	Complaints	<1	>2	No of Patients	Monthly	Pat Rel	0	1	0	0	0	2	0	0	0	2	1			
Still Births	< 1	>2	No of babies	Monthly	Birth Register	2	2	0	0	0	0	0	1	0	1	0	1		National rate 5.2 per 1000 Births Local Rate = 16.9 per annum or 0.52% per month	

**Commentary:****Effectiveness:**

The vital sign target remains within the set 85% standard. Ongoing analysis of induction of labour cases to ensure all National recommendations are being met. The breast feeding initiation rate continues to improve. The Head of Midwifery and the Deputy Director of Nursing are working closely together to further develop the midwifery metrics.

**Safety:**

The 3 community midwifery teams continue to audit their own specific areas to identify any particular shortfalls as well as the Team Leaders carrying out spot checks on the record keeping of their Midwives. The NHS North West Midwife Direct initiative has not had any impact upon the Vital Sign target of the risk and need assessment being carried out by 12 weeks and 6 days of pregnancy. Funding to increase maternity establishment by 4 wte posts has been agreed by the PCT (recruitment in progress). Medical staffing cover is being addressed.

**Experience:**

The CQC reaudit of maternity services for 2010 is in progress and the results will be published early next year.



## PATIENT EXPERIENCE Cont

Outcome of Real Time Patient Surveys conducted monthly:

Indicator	Q4 09/10 Avg	Q1 Avg	Q2 Avg	Oct	Nov	Dec	Q3	YTD Avg
DIGNITY AND RESPECT	98.9%	96.4%	98.1%	98.2%	99.4%		98.8%	97.7%
PAIN CONTROL	84.8%	81.1%	78.3%	78.2%	86.6%		82.4%	79.2%
INVOLVED IN DECISIONS	89.8%	87.1%	86.7%	94.7%	91.6%		93.2%	88.5%
COMMUNICATION: WORRIES AND FEARS	N/A	68.7%	74.4%	78.2%	71.0%		74.6%	72.3%
CHOICE OF FOOD	82.3%	84.8%	80.4%	80.0%	87.2%		83.6%	81.8%
CLEANLINESS	98.3%	100.0%	99.4%	98.8%	98.9%		98.9%	99.3%
COMMUNICATION: QUESTIONS ANSWERED	96.2%	95.8%	94.7%	95.3%	97.2%		96.3%	94.9%
RECOMMEND THIS HOSPITAL	96.2%	96.0%	97.1%	98.2%	96.1%		97.2%	96.7%
AVERAGE	93.0%	88.7%	88.6%	90.2%	91.0%		90.6%	88.8%

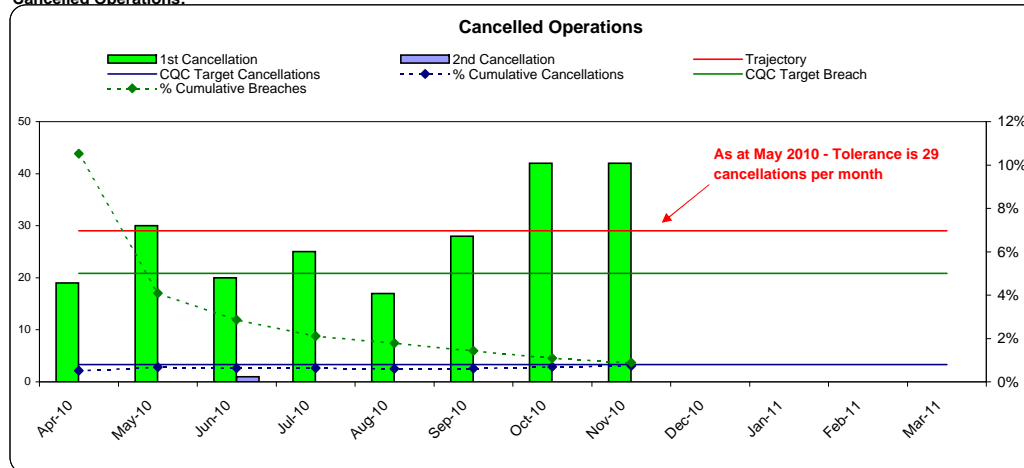
Red = <80%
Amber = >=80% and <85%
Green = >=85%

### Cancelled Operations

Cancelled Operations: Total number of cancelled operations in November were 42 there were no 28 day breaches recorded in November. On Sunday 28th November Leigh, theatres experienced a mechanical failure, one of the heat batteries failed due to the cold weather, resulting in water damage to all three theatres. Due to the extent of the water damage and the need to repair the equipment, it was determined that surgery could not take place on Monday 29th November due to infection control and health and safety reasons.

28 patients were cancelled on the day by a senior manager within the Surgical Division either by face to face or a telephone call to the patients at home. All these patients will receive another date for surgery within 28 days and the Director of Nursing and Performance has sent a letter of apology to each cancelled patient. The failed equipment was fixed on the day of failure ensuring theatre activity could take place for the remainder of the week.

### Cancelled Operations:



### Comments:

#### Real-Time Patient Experience Survey:

An overall score of 91% for a positive patient experience has been achieved in November. This represents a further improvement of 0.8% on the October score. Volunteers and Governors survey 23 wards across the Trust.

#### Areas we have scored lower on this month are around:

**Communication:** Worries and fears. After improvement in October this score has dipped again from 78.2% to 71% in November. There has also been a slight deterioration of 2.1% in patients who would recommend the hospital

#### Areas where we have improved are:

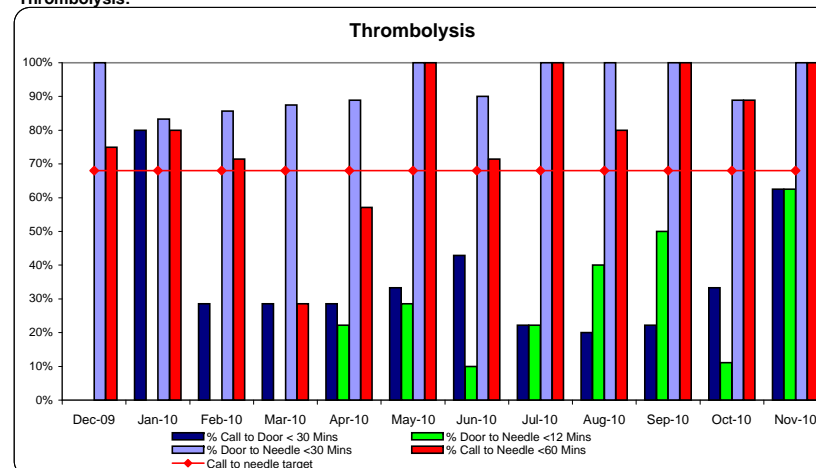
A significant improvement this month in pain control from 78.2% in October to 86.6%. There has also been improvement in choice of food from 80.0% to 87.2%.

### Action:

This information has been shared with the HON and General Managers to demonstrate the areas what has improved and where we still need to do better. The work led by the Director of Nursing and Deputy Director of Nursing around improving pain control reported last month, has shown to have had a positive impact on this month's figures.

## PERFORMANCE

### Thrombolysis:





## Serious Untoward Incidents



A joint WWL, PCT and SHA review of all reported StEIS SUI's dating back to 2008, took place in November. The evidence of learning and embedding of lessons learned demonstrated by the Trust to the SHA and PCT provided them with the assurance to give immediate closure to the majority of incidents



Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	Threshold	Monitor Weighting	Monitoring Period	Q4	Q1	Q2	Q3			Q3	YTD
	98%	0.5	QTRLY				M7	M8	M9		
<b>2010/11 A&amp;E Performance (RAEI only)</b>				<b>96.3%</b>	<b>98.8%</b>	<b>99.1%</b>	<b>98.1%</b>	<b>98.3%</b>		<b>98.2%</b>	<b>98.8%</b>
<b>Number of Attendances - RAEI</b>				21520	23655	22913	7475	7293		14768	61336
<b>% Ambulatory Attendances</b>				0.0%	0.0%	0.4%	0.6%	0.8%		0.7%	0.3%
<b>% Major Attendances</b>				34.0%	26.8%	27.9%	28.7%	26.7%		27.7%	27.4%
<b>% Minor Attendances</b>				38.5%	46.6%	48.5%	46.3%	46.4%		46.3%	47.2%
<b>% Paediatric Attendances</b>				23.5%	23.9%	20.7%	21.8%	23.4%		22.6%	22.4%
<b>% Resus Attendances</b>				4.0%	2.7%	2.5%	2.7%	2.6%		2.7%	2.6%
<b>% Did Not Wait</b>				3.2%	3.1%	3.4%	3.9%	3.5%		3.7%	0.0%
<b>% Triaged within 15 minutes</b>				81.4%	85.1%	85.0%	83.0%	85.4%		84.2%	84.8%
<b>% Unplanned Reattendance</b>				5.3%	5.9%	5.7%	5.6%	6.2%		5.9%	5.8%
<b>Number of 4-12 hour waits</b>				799	275	211	144	122		266	3,388
<b>Admissions between 3.5 and 4 Hours**</b>				2768	3175	2455	863	812		1675	7305
<b>% Discharged from A&amp;E within 2 Hours</b>				5.8%	44.3%	41.9%	43.5%	45.5%		44.5%	43.4%
<b>% Discharged from A&amp;E within 3 Hours</b>				11.3%	61.4%	59.0%	60.5%	60.3%		60.4%	60.3%
<b>Walk In Centre Attendances</b>				18769	21786	20668	6625	6547		13172	55626
<b>Total A&amp;E Attendances (Inc WIC)</b>				40289	45441	43581	14100	13840		27940	116962
<b>A&amp;E Admissions</b>				6555	7037	7261	2248	2192		4440	18738
<b>% Conversion Rate</b>				30.5%	29.7%	31.7%	30.1%	30.1%		30.1%	30.5%
<b>Admissions associated with the 19 ambulatory care conditions (CQuin)**</b>				13.9%	12.6%	11.7%	12.5%	9.1%		10.8%	N/A
<b>Median Time Waited (Hours)</b>					02:08	02:08	02:11	02:04		02:08	
<b>Maximum Time Waited</b>				48.62	25.13	13.25	16.45	16.38		16.45	25.13

## Comments:

■ **Total Time in A&E:** The chart reflects the relaxed 95% target in the Monitor Compliance Framework and the NHS Operating Framework. Internal stretch targets of 98.5% has not been retained and performance for the month of November is currently 98.3%.

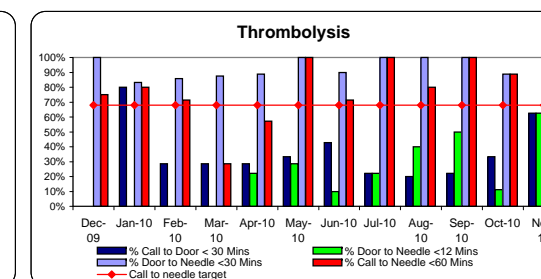
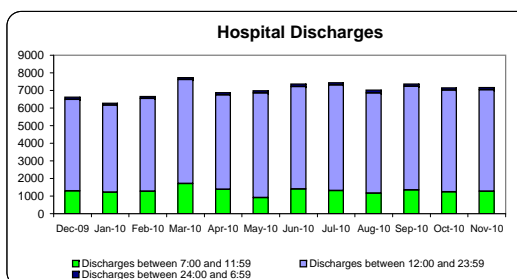
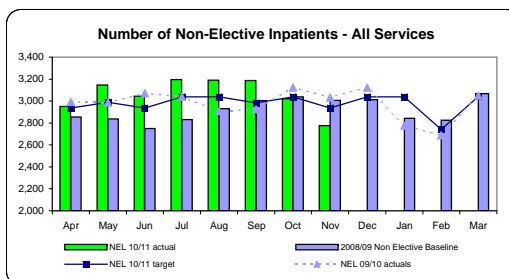
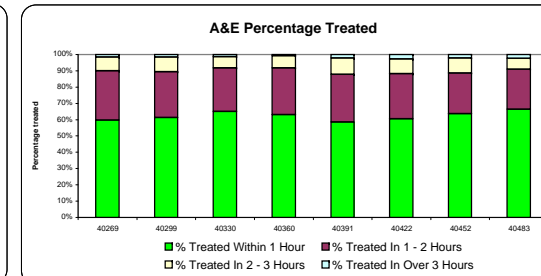
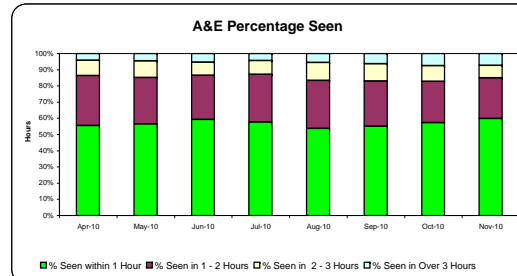
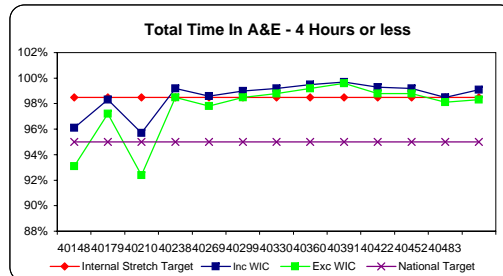
Target discharge levels have been set across the medical division. Speciality on call consultants to be on site until 7-8pm and later for winter pressures. All areas require a daily New Patient/Discharge review by senior medics first thing in the morning and again in the afternoon (Winter pressures).

## Rag Rating Criteria based on internal stretch target - A&E Performance

Red - < 95%
Amber - >= 95% and < 98.5%
Green - >= 98.5%

\*\* - Rag Rating not applicable prior to April 2010

A&E Type 1 National Ranking: This is no longer available from the SHA





## PERFORMANCE

18 Weeks

Spec	% of Admitted Patients within 18 weeks								Admitted Median Waits Nov	% of Non-Admitted Patients within 18 weeks								Non-Adm Median Waits Nov	Comments:
	North West SHA	2009/10	Total Q1	Total Q2	Oct	Nov	Dec	Total Q3		North West SHA	2009/10	Total Q1	Total Q2	Oct	Nov	Dec	Total Q3		
100 - General Surgery	91.8	84.14	95.64	92.51	92.56	91.25		91.87	10.75	97.3	91.86	95.60	97.31	95.24	96.86		95.24	5.96	<b>18 Weeks</b> November figures are provisional. While Neurosurgery is under 95% for Non-Admitted it is not considered a fail because of the small number of clock stops
101 - Urology	95.5	90.09	97.32	93.38	96.63	94.05		95.38	8.31	97.5	94.10	96.66	97.04	95.76	95.14		95.76	5.05	
110 - Trauma & Orthopaedics	89.8	85.15	80.93	91.79	90.60	90.41		90.50	13.11	97.1	94.57	95.61	95.14	95.05	96.60		95.05	6.21	
120 - Ear, Nose & Throat (ENT)	91.6	97.92	96.03	93.60	93.75	93.18		93.48	8.58	97.7	98.66	99.02	97.43	98.77	98.05		98.77	3.49	
130 - Ophthalmology	92.9	99.16	99.44	98.40	95.69	93.49		94.39	16.31	97.6	96.40	97.38	96.61	97.02	97.16		97.02	4.71	
140 - Oral Surgery	93.5	93.35	97.23	94.93	92.59	91.14		91.83	15.50	96.1	98.07	98.68	96.90	99.23	99.39		99.23	3.78	
150 - Neurosurgery	88.2									94.6	95.56	100.00	100.00	100.00	83.33		100.00		
160 - Plastic Surgery	94.5	81.41	98.99	97.16	97.83	98.04		97.94	9.50	97.0	93.44	98.97	97.70	100.00	100.00		100.00		
170 - Cardiothoracic Surgery	93.5									96.6	90.32	100.00	100.00	100.00	100.00		100.00		
300 - General Medicine	98.9	97.54	94.55	100.00	100.00			100.00		98.2	96.02	97.29	99.33	100.00	99.46		100.00	2.41	<b>Data completeness</b> Targets have been met.
301 - Gastroenterology	98.3	95.30	94.81	98.98	91.89	94.44		93.15		97.3	98.28	99.64	99.60	100.00	100.00		100.00	5.07	
320 - Cardiology	96.1	98.07	100.00	98.10	97.56	97.96		97.78		98.3	98.68	98.67	99.51	99.24	99.43		99.24	6.10	
330 - Dermatology	94.7									97.2	98.81	99.86	99.80	100.00	100.00		100.00	3.88	
340 - Thoracic Medicine	99.2	100.00	100.00	100.00						98.6	97.23	88.58	95.71	95.52	95.80		95.52	6.07	
400 - Neurology	100.0	100.00								97.3	95.27	97.30	100.00						
410 - Rheumatology	99.4	99.03	99.73	99.69	98.23	98.37		98.31	2.77	98.2	97.94	98.31	97.42	98.23	96.88		98.23	5.85	
430 - Geriatric	95.2	100.00		100.00						99.4	95.73	95.45	99.15	100.00	100.00		100.00	4.50	
502 - Gynaecology	96.2	95.83	97.02	97.57	97.92	96.75		97.38	3.93	98.6	95.87	97.89	97.27	97.51	99.68		97.51	3.16	
Other	92.3	75.30	92.95	92.76	92.92	91.89		92.34	11.75	98.1	96.15	97.53	97.14	95.93	97.67		95.93	2.73	
Direct Access Audiology										99.9	99.66	99.76	100.00	100.00			100.00		<b>Median waits</b> Provisional November figures have reduced from last month
<b>Total</b>	<b>92.9</b>	<b>90.02</b>	<b>91.36</b>	<b>94.21</b>	<b>93.18</b>	<b>92.40</b>		<b>92.77</b>	<b>11.67</b>	<b>97.7</b>	<b>96.53</b>	<b>97.58</b>	<b>97.54</b>	<b>97.62</b>	<b>98.04</b>		<b>97.62</b>	<b>4.29</b>	
<b>Number of Specialties failing target</b>		<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>4</b>		<b>5</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>3</b>	<b>Audiology</b> Not yet available

NW SHA figures are as at: August 2010

As per guidelines provided by the DoH Medians are only calculated for specialties with over 50 Clock Stops

### Stage of Treatment Waits

	Current Waiting Lists				Inc TAL/RBK
	Internal Stretch Target Weeks	Total	Within Target	Over Target	
Outpatient (GP Refs only)	3	5084	74.0%	26.0%	
Diagnostic	2	3110	52.9%	47.1%	
IP/DC	10	5229	89.2%	10.8%	

### Stage of Treatment Waits - Trauma & Orthopaedics

	Current Waiting Lists				Inc TAL/RBK
	Internal Stretch Target Weeks	Total	Within Target	Over Target	
Outpatient (GP Refs only)	3	796	70.0%	30.0%	
IP/DC	10	2006	85.5%	14.5%	

### Outpatient Stage of Treatment Waits - Trauma & Orthopaedics

Consultant	Current Waiting Lists - GP Referrals only			
	Internal Stretch Target Weeks	Total	Within Target	Over Target
A MOHAMMED	3	26	38.5%	61.5%
B PURBACH	3	22	40.9%	59.1%
L FUNK	3	36	41.7%	58.3%
TM CLOUGH	3	45	46.7%	53.3%
JP HODGKINSON	3	20	50.00%	50.00%

### IP/DC Stage of Treatment Waits - Trauma & Orthopaedics

Consultant	Current Waiting Lists			
	Internal Stretch Target Weeks	Total	Within Target	Over Target
DA HOAD-REDDICK	10	10	0.0%	100.0%
IA TRAIL	10	107	73.8%	26.2%
ML PORTER	10	71	76.1%	23.9%
L FUNK	10	52	76.9%	23.1%
A MOHAMMED	10	48	77.1%	22.9%
TM CLOUGH	10	120	77.5%	22.5%
R SMITH	10	130	78.5%	21.5%



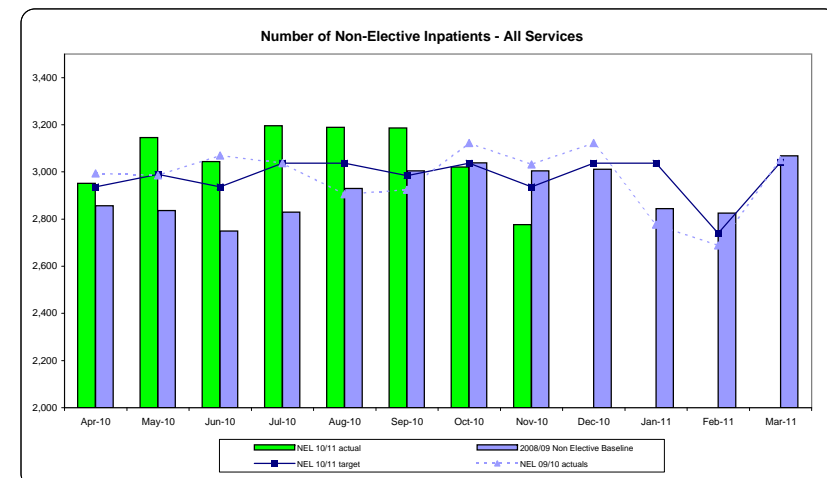
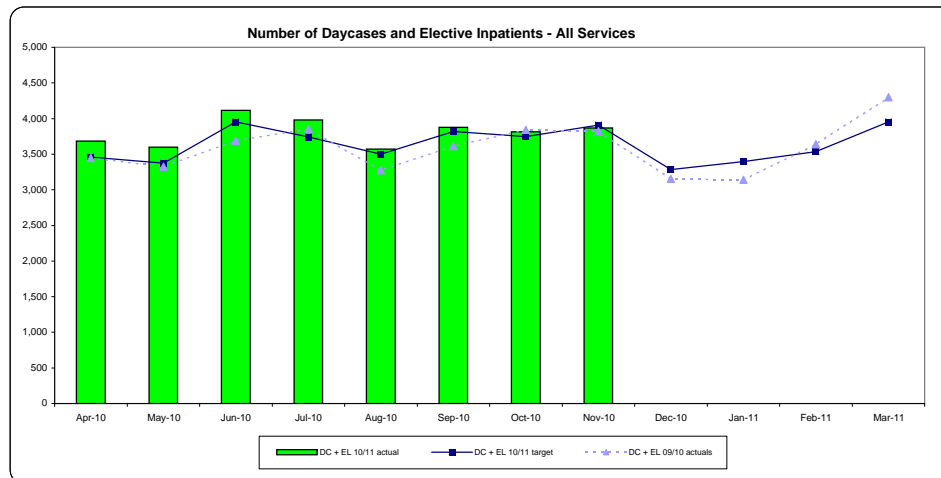
## Market Share

	Feb 09 - Jan 10	Mar 09 - Feb 10	Apr 09 - Mar 10	May 09 - Apr 10	Jun 09 - May 10	July 09 - June 10	Aug 09 - July 10	Sep 09 - Aug 10	Oct 09 - Sep 10
Maintain 74% market share for District General Hospital Services.	72.34%	72.33%	72.28%	72.35%	72.35%	72.35%	72.24%	72.28%	72.20%
Achieve an increased Northwest market share for elective Orthopaedic Services from 7.7% to 8.2%.	6.83%	6.92%	6.92%	7.11%	6.94%	7.13%	7.20%	7.21%	7.26%

## Inpatient Activity

	Q4 2009/10	Q1	Q2	Q3		Q3	YTD
				M7	M8		
% Elective activity variance from plan (Cumulative)	-7%	-4%	-6%	-5%	-6%	-6%	-6%
% Daycase activity variance from plan (Cumulative)	7%	8%	8%	7%	6%	6%	6%
% Non-elective activity variance from plan (Cumulative)	5%	3%	4%	4%	3%	3%	3%
% Non-elective activity variance from 08/09 Baseline (Cumulative)		8%	9%	7%	5%	5%	5%
% Daycase DNA's	3%	3%	3%	3%	3%	3%	3%

■ **Non-elective inpatients:** The Division is working closely with both commissioners and primary care to develop an extensive plan to decrease attendances at A/E and associated non-elective admissions. This strategy is approved through the Unscheduled Care Board and implemented in partnership through the Emergency Care Operations Group. One third of activity above 08/09 activity levels will not be paid for.







## HR

Trust Sickness Absence				
Division	Target 2010/11	Rolling 12 month Total (Nov 09 - Oct 10)	Variance	% Variance from target
Clinical Support	3.9%	3.77%	-0.13%	-3.33%
Estates & Facilities	5.0%	5.62%	0.62%	12.40%
Finance	2.6%	3.34%	0.74%	28.46%
IM & T	3.4%	3.10%	-0.30%	-8.82%
Human Resources	1.5%	3.36%	1.86%	124.00%
Medicine	4.7%	5.39%	0.69%	14.68%
Musculo-Skeletal	4.2%	5.68%	1.48%	35.24%
Surgery	3.9%	4.17%	0.27%	6.92%
Small Divisions	2.1%	1.74%	-0.36%	-17.14%
<b>OVERALL TRUST TOTAL</b>	<b>4.2%</b>	<b>4.55%</b>	<b>0.35%</b>	<b>8.33%</b>

### Trust Sickness Absence:

Continuous work is ongoing to improve sickness absence rates through monthly performance monitoring of each Division and the provision of detailed workforce information reports. The overall Sickness Absence rate has increased slightly for the period Nov 09 - Oct 10 at 4.55% from 4.53% for the period Oct 09 - Sept 10. The Divisions of HR, MSK, Surgery and Small Divisions have decreased their absence rates for the period Nov 09 - Oct 10 in comparison with the period Oct 09 - Sept 10.

Total Staff in Post				
Division	As at 30 November 2009		As at 30 November 2010	
	Headcount	WTE	Headcount	WTE
Clinical Support	846	694.28	995	833.55
Estates & Facilities	716	524.13	703	513.98
Finance	82	72.48	83	73.97
IM&T	69	65.76	93	86.12
Human Resources	50	41.15	53	43.17
Medicine	834	753.77	826	743.01
Musculo Skeletal	440	389.02	440	383.40
Surgery	955	840.13	979	862.61
Small Divisions	285	252.91	137	123.78
<b>Total</b>	<b>4277</b>	<b>3633.63</b>	<b>4309</b>	<b>3663.59</b>

### Total Staff in Post:

In comparison with the 30 November 2009 staff in post the 30 November 2010 (headcount) has increased by 0.75%. In comparison with 30 November 2009 there is an increase in headcount in IM & T of 26% in November 2010, this is attributable to the transfer of Clinical Coding staff from 'Small Divisions' into IM & T. IM & T Headcount has also increased where existing vacancies from established posts (within budget) have now been filled. The increase of 17% headcount for Clinical Support Services in November 2010 is due to the movement of Therapies into CSS from Small Divisions. The increase in headcount in November 2010 compared with November 2009 within Division of Surgery is due to the recruitment to vacancies. There has also been an increase in CSS headcount in November 2010 in comparison with November 2009 due to the recruitment of fixed term posts to work on the destruction project in Health records and recruitment to vacancies within HCO Outpatients. The labour turnover rate for the Trust has decreased over the last 12 months and this has also resulted in an overall increase in headcount.

Average Salary Paid & Total Employment Costs by Month			
Pay type	Aug-10	Sep-10	Oct-10
Average salary costs for employed staff	£32,004	£31,989	£31,747
Average salary for all staff (inc Agency)	£33,230	£33,344	£33,298
Average pay costs for employed staff	£38,238	£38,239	£38,126
Average pay costs for all staff (inc. Agency)	£39,098	£39,231	£39,216

### Average Salary Cost:

The method of calculation has been reviewed to ensure consistency between Finance & HR systems and has been split out to show total employment costs and average salary paid. The average salary for staff employed in 2009/10 was £31,266. When account is taken of other pay (e.g. agency) the average pay cost is £34,513. The average salary cost (including employers contributions) is £37,426 and when other pay costs are included is £38,128. Reported annual salary costs are based on an annual year end calculation. HR and Finance have been working towards the calculation of an average salary cost by month. In Month 7 the reported average salary for staff employed is £31,747 and £38,126 when other pay costs are included. The average salary cost including agency is £33,298 and £39,216 including other costs. The figures provide an indicative pre-audit figure and may require adjustment. Please note that these figures are reported one month in arrears and data to the end of November 2010 will be provided in the Month 9 report.

Temporary Staffing Costs								
Division	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
Clinical Support	£91,774.00	£109,075.00	£145,395.00	£154,120.00	£160,643.00	£150,277.00	£72,400.00	£128,817.00
Estates & Facilities	£57,225.00	£54,470.00	£91,208.00	£81,978.00	£117,218.00	£84,699.00	£107,332.00	£91,108.00
Finance	£8,277.00	£6,352.00	£10,037.00	£8,525.00	£19,148.00	£3,676.00	£10,368.00	£9,043.00
Human Resources	£697.00	£2,167.00	£7,050.00	£4,322.00	£2,115.00	£7,701.00	£2,151.00	£4,713.00
IM&T	£15,281.00	£17,651.00	£29,081.00	£15,410.00	£23,737.00	£24,319.00	£27,165.00	£33,315.00
Medicine	£394,301.00	£305,346.00	£338,038.00	£339,583.00	£319,136.00	£331,319.00	£314,140.00	£369,511.00
Musculo Skeletal	£76,449.00	£55,304.00	£110,726.00	£89,370.00	£108,145.00	£93,684.00	£110,852.00	£119,823.00
Small Divisions	£3,006.00	£5,562.00	£6,101.00	£5,551.00	£1,392.00	£7,000.00	£4,241.00	£12,597.00
Surgery	£236,711.00	£254,318.00	£381,702.00	£342,492.00	£305,006.00	£221,080.00	£252,353.00	£270,061.00
<b>Monthly Total</b>	<b>£883,721.00</b>	<b>£810,245.00</b>	<b>£1,119,338.00</b>	<b>£1,042,351.00</b>	<b>£1,056,540.00</b>	<b>£909,755.00</b>	<b>£901,002.00</b>	<b>£1,038,988.00</b>
<b>Cummulative Y- D total</b>	<b>£883,721.00</b>	<b>£1,693,966.00</b>	<b>£2,813,304.00</b>	<b>£3,855,655.00</b>	<b>£4,912,195.00</b>	<b>£5,821,950.00</b>	<b>£6,722,952.00</b>	<b>£7,761,940.00</b>
<b>Monthly Net cost of temporary spend</b>	<b>£101,986.67</b>	<b>£82,326.90</b>	<b>£303,349.23</b>	<b>£288,241.88</b>	<b>£391,973.00</b>	<b>£16,386.00</b>	<b>£159,754.00</b>	<b>£360,341.00</b>
<b>Cummulative Y- D net cost temporary spend</b>	<b>£101,986.67</b>	<b>£184,313.57</b>	<b>£487,662.80</b>	<b>£775,904.68</b>	<b>£1,167,877.68</b>	<b>£1,184,263.68</b>	<b>£1,344,017.68</b>	<b>£1,704,358.68</b>

### Temporary Staffing Spend:

Temporary staffing figures include bank, agency and overtime spend month by month for the period 2010/11. The target for temporary spend is a maximum of £500k per month and we are currently exceeding this target. Work has been undertaken by Finance & HR to provide information around the net cost of temporary spend and a baseline report is now in place which has highlighted that for the month of November 10 the estimated net cost of temporary spend was £360,341. This figure is derived from reviewing the estimated salary saving from the current vacancies in each Division and comparing this against the temporary staffing spend. Medicine & Surgery are hot spot Divisions where temporary spend significantly exceeds the estimated salary saving from current vacancies and there has been an increase in Month 8 spend in both the divisions. In the divisions of MSK, HR, Clinical Support Services and Finance temporary spend also exceeds the estimated salary savings from current vacancies. In the Divisions of IM&T, Medical Director, Estates & Facilities, Nurse Director and Trust Exec the estimated salary saving from current vacancies is in excess of the actual temporary spend.

In the Division of Medicine there is an increase in the bank spend in November 2010 by £64k and this is due to Highfield Ward opening as an escalation ward. Wards were over established to increase patient safety and a further 8 escalation beds were opened in addition to Highfield Ward. In Clinical Support there has been an increase in Agency spend of £62K this can be partially attributed to invoices for £12K backpay for Month 7 and Month 8 and partially attributed to Month 8 having a false low agency spend due to a £30K credit in Month 7. Unfortunately due to the early deadline of the Month 8 report further details around the changes in temp spend in Month 8 in comparison with Month 7 are not yet available. Please note this information will be included in the Month 9 report.