#### **Attachment 3**

### Director for Partnerships

Report revised on October 2011

Finance & Growth

Deliver a surplus to clear our deficit

Efficiency

Ensure economy and efficiency

Quality & Patient Satisfaction

Deliver safe, high quality care that patients feel meets their needs

Workforce

Attract, retain and motivate an appropriately trained workforce

April May June July Aug Sept Oct Nov Dec Jan Feb Mar

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# Finance and Activity

Data available in Finance report to board

# Efficiency

Data Quality: (H) = High (M) = Medium (L) = Low

	Watford	Data Quality	St Albans	Data Quality	CHKS Peer Group	Data Quality
Elective length of stay	4.1 days	(H)	1.9 days	(H)	2.4 days	(M)
Non elective length of stay (including zero lengths of stay)	4.6 days	(M)			5.3 days	(M)
Zero length of stay for emergency	25%	(H)			25%	(M)
Pre-operative bed days	87	(H)	7	(H)		
Bed occupancy	91%	(M)	64%	(M)		
ICU occupancy	86%	(M)				
Theatre utilisation (% session time used)	79%	(M)	81%	(M)		
Day case rate (basket of 25) Tru	ıst	80.7%	(H)	Target: 8	0%	

NHS Indicators scorecard – Q2 2011-12 (latest available)	National rank (out of 167)	king	Q4 to Q1	Productivity opportunit		
Length of stay	20	(H)		£1.3 million	(M)	
First to follow-up ratio	142	(H)		£ 2.4 million	(M)	
Reducing pre-op bed days - elective	91	(H)		£ 65,517	(M)	
Outpatient Appointment DNA	70	(H)		£ 243,953	(M)	

Trend graphs: •Appendix 2

Further information in Trust Board Papers:

•NHS Indicators quarterly scorecard for the Trust



# **Quality and Patient Satisfaction**

External reporting	Month	Assessment scale			
Dept of Health Perf. Framework Assessment	Self assessed as 2.3	<2.1 Underperformance 2.1-2.4 Under revi >2.4 Performing	ew		
NHS EoE Governance Rating *  * Based upon Monitor Compliance Framework for FTs in 2010-11	Self assessed as 2.0	>2.9 Red 2-2.9 Amber/Red 1-1.9 Amber/Gre <1 Green	-		

Patient focus	Annual Plan 10/11	CHKS SMR	Data CHKS 201 Quality Peer Grou		Data Quality	Dr Foster*	Data Quality
Hospital SMR (July 11 – Dec 11) Less than 90		73	(M)	77	(M)		
Hospital SMR (July 11 – Sep 11)					102	(M)	
Emerg. readmit within 30 days	(Feb 12)	0.8%	(M)	0.6%	(M)		

\* Dr Foster Real Time Monitor figures rebased and supplied by SHA, reflecting overall Trust mortality rates over a full year.

Patient focus	Annual Plan 11/12	Month actual	Data Quality	Year to date	Data Quality
Number of Serious Incidents (Jan 12)		4	(H)	38	(H)
Emergency readmissions of elective patients within 30 days		2.0%	(H)	2.6%	(H)
Same day cancellation of elective surgery	<0.8%	49 = 1.5%	(H)	339 = 0.9%	(H)
Cancelled operations treated within 28 days	100%	69.4%	(H)	91.2%	(H)
Number of complaints received (Jan)		47	(H)	429	(H)
% of complaints responded to in-month within agreed deadline (Dec)	80%	82%	(H)	62%	(H)

Trend graphs:

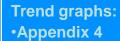
**ohs:** Further information in Trust Board Papers:

•Appendix 3
•Monthly NHS EoE Governance return, Monthly performance report, Monthly infection control report, Annual Picker survey report (and follow up reports)



# Workforce

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Targ et	Data Quality
	Apı	iviay	Julie	July	Aug	Sept	Oct	INOV	Dec	Jaii	reb	et	Quality
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE		
	3,442.												
Contracted	1	3,441.0	3,441.8	3,442.2	3,477.7	3493.4	3506	3,523.0	3,528.7	3550.9	3541		Н
Total costs	13,719	13,737	13,815	13,952	13,873	13,824	13,879	13,818	13,888	13,964	13,766		н
Overtime													
% Pay	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.3%		Н
Bank %													
Pay	6.0%	5.9%	6.0%	6.2%	5.9%	5.2%	5.5%	5.6%	5.5%	6.3%	5.1%		Н
Agency %													
Pay	3.9%	4.3%	3.8%	5.8%	5.4%	5.3%	5.5%	5.0%	4.0%	4.1%	3.9%	3%	Н
Appraisal													
Rate				70%	70%	75%	76%	79%	80%	82%	90%	90%	М
Turnover													
Rate			11.70%	11.80%	12.40%	12%	11.90%	11.80%	11.80%	12.1%	12.30%		Н
Sickness					/								
Rate				3.50%	3.70%	3.80%	3.70%	3.50%	4.20%	4.10%	4.10%	<4%	Н
Vacancy					<b>5</b> 40/	E 00/	<b>5.20</b> /	4.60/	E 40/	7 20/	4 50/		
rate (%)					5.1%	5.0%	5.2%	4.6%	5.1%	7.3%	4.5%		M
Statutory										720/	74 20/		N4
Training										72%	74.3%		M
Mandatory										68%	69.9%		М
Training										08%	09.9%		IVI



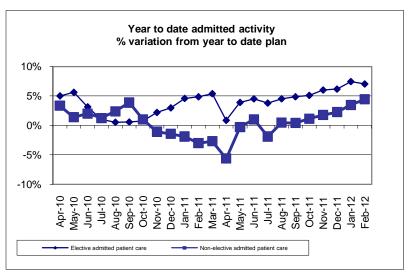
# Elective and Non Elective Emergency Readmissions

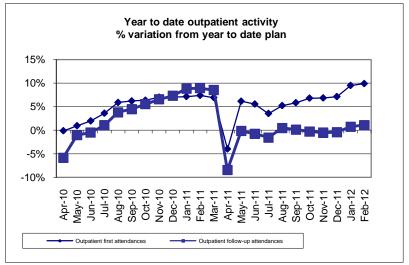
#### YTD February 2011/12

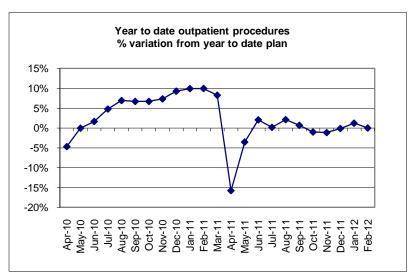
9	GroupBy Original Admission Type														
	Description	ActivityType	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
		Readmissions	70	73	70	71	72	62	78	62	69	67	51		745
		Qualifying Discharges	2574	2833	3148	2881	2877	2912	2815	3051	2528	2886	2788		31293
		Readmission Rate %	2.70%	2.60%	2.20%	2.50%	2.50%	2.10%	2.80%	2.00%	2.70%	2.30%	1.80%		2.38%
	lective	Excluded Discharges	436	437	521	419	436	403	452	498	449	442	430		4923
	LNOUVO	Readmissions	210		244	225	237			234	237	300			2682
		Qualifying Discharges	2006	2192	2218	2038	2182	2187	2374	2305	2351	2452	2394		24699
		Readmission Rate %	10.50%	10.40%	11.00%	11.00%	10.90%	12.20%	10.10%	10.20%	10.10%	12.20%	10.90%		10.86%
1	onElective	Excluded Discharges	1429	1611	1540	1688	1422	1527	1601	1564	1470	1612	1474		16938
		Readmissions	280	301	314	296	309	328	318	296	306	367	312		3427
		Qualifying Discharges	4580	5025	5366	4919	5059	5099	5189	5356	4879	5338	5182		55992
		Readmission Rate %	6.10%	6.00%		6.00%			6.10%	5.50%	6.30%	6.90%			6.12%
	otal	Excluded Discharges	1865	2048	2061	2107	1858	1930	2053	2062	1919	2054	1904		21861

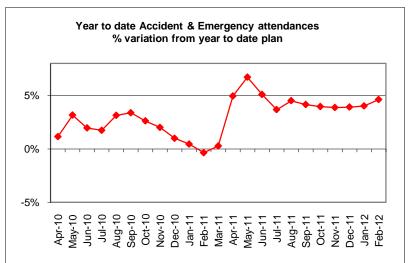
Month Non Elec Readmission Target	171	176.7	171	176.7	176.7	171	176.7	171	176.7	176.7	159.6	176.7	2080.5	
Monthly Variance	30	51.3	73	48.3	60.3	95	63.3	63	60.3	123.3	101.4			

# Appendix 1 – Finance and growth trend graphs

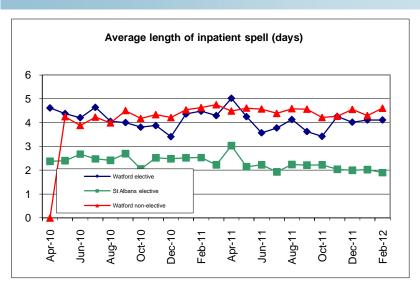


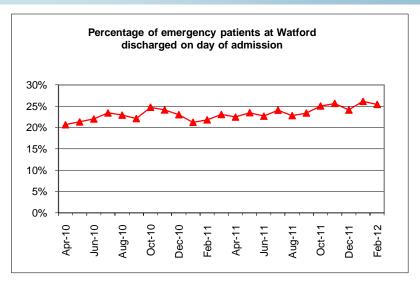


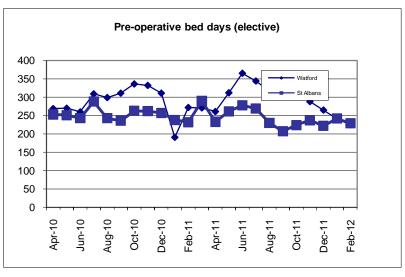


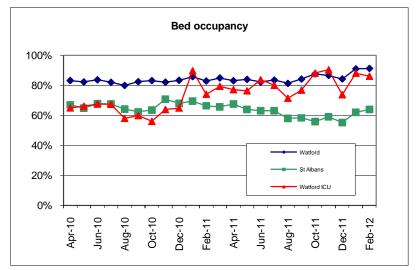


### Appendix 2 – Efficiency trend graphs

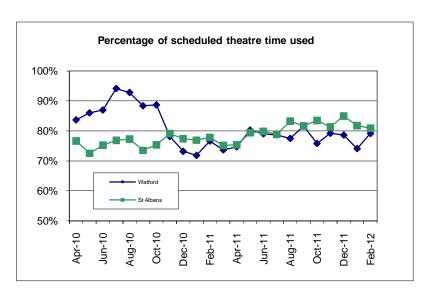


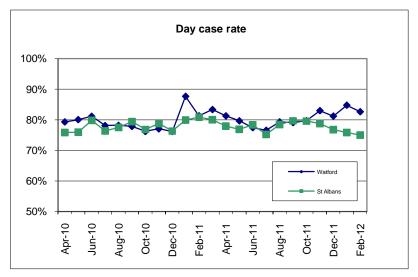


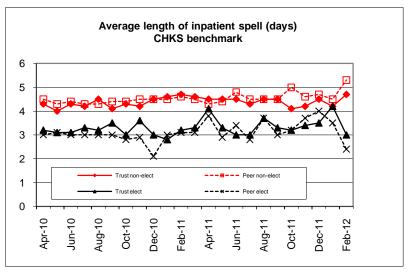




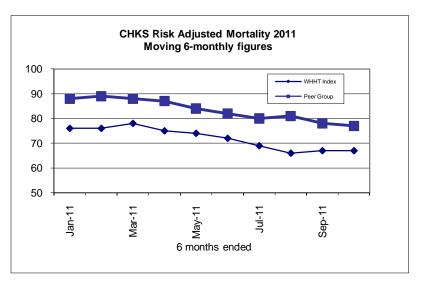
# Appendix 2 – Efficiency trend graphs - continued

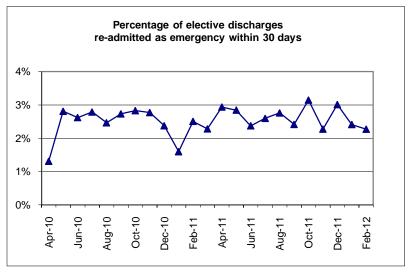


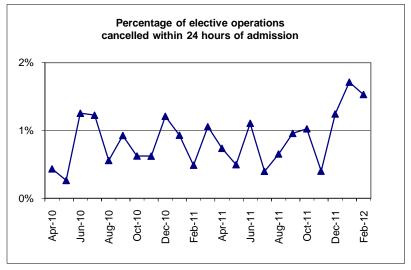




### Appendix 3 – Quality and Patient Satisfaction trend graphs







## Appendix 4 – Workforce trend graphs

