

INTEGRATED PERFORMANCE REPORT for period ending 31st March 2011

Performance

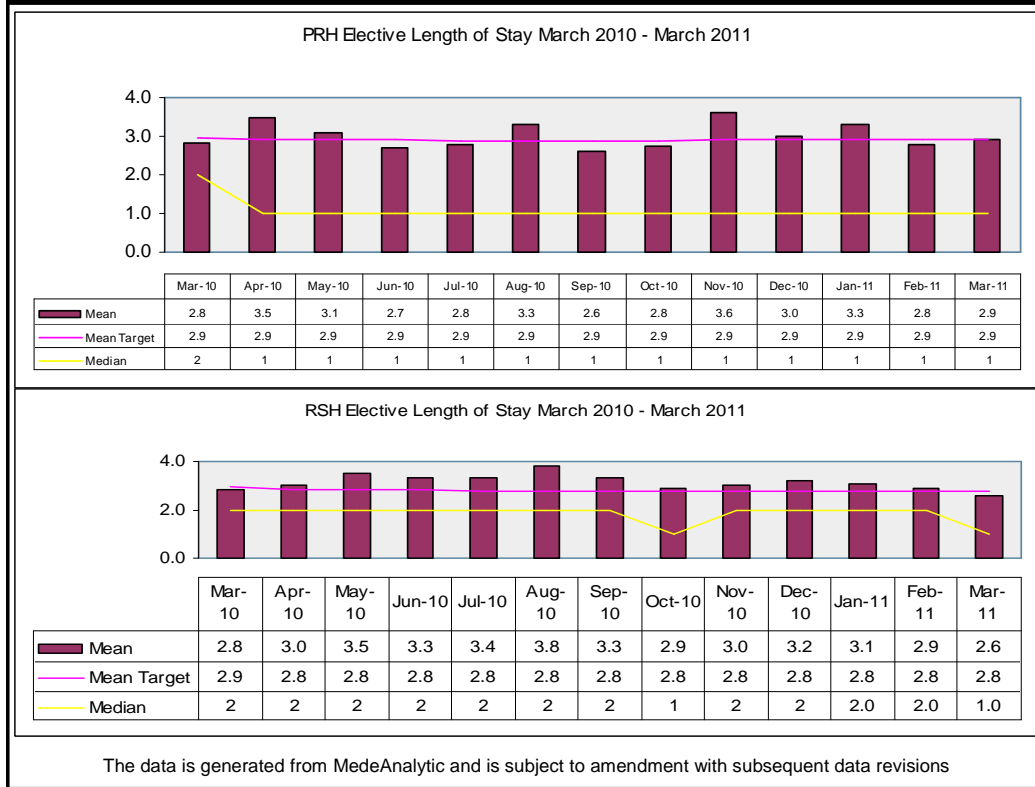
EXECUTIVE RESPONSIBLE	Tina Cookson Chief Operating Officer	KEY FACTS	<ul style="list-style-type: none"> • Delayed transfers of care patients remain high (45 patients within March) • Non elective length of stay remains above target on both sites • Elective surgical pre-operative length of stay decreased on both hospital sites • The number of staff employed was 4,284 WTE at the end of March 2011; increase of 5 since end February (ESR). • Validated sickness absence rate for December was 4.5%, and decrease of 0.5% from the previous month.
AUTHOR (if different from above)	Paul Hodson Head of Contracts & Performance Pete Gordon Head of Continuous Improvement William Wraith Head of Human Resources Tony Brown Assistant Director Financial Performance		
CORPORATE OBJECTIVE	Enhancing Patient Experience, Safety and Effectiveness, Achieving NHS Foundation Trust Status		
BUSINESS PLAN OBJECTIVE NO(S)	6.1 - Establish a new Quality Framework for the Trust. 6.1.1 - Develop an integrated performance management framework that includes a balanced set of quality metrics across the domains of safety, effectiveness and patient experience.		
EXECUTIVE SUMMARY	This paper reports current performance against a number of KPIs for the period up to the end of march 2011. As detailed in previous papers this reports includes KPIs identified as suitable for both Monthly and Quarterly reporting as March represents the completion of the 4 th Quarter.	RECOMMENDATIONS	The Board is asked to NOTE: <ul style="list-style-type: none"> • performance against a range of Key Performance Indicators covering Quality, Delivery and Foundations.

Integrated Performance Report: Delivery (CO2, CO3 & CO4) Foundations (CO5 & CO6)

Target (2010/11)		Executive Lead	Monthly Performance	Direction of Travel	Year to Date	Forecast	Commentary	Frequency	
Increasing productivity and encouraging innovation	Theatre Utilisation	% Utilisation of funded theatre sessions	COO				No Update Provided	M	
	Length of Stay (LOS)	Elective - To achieve upper 20th percentile performance within five years from 2009	COO	GREEN	↑	GREEN	GREEN	Increase at PRH of 0.1 day and a decrease at RSH of 0.3 days	M
		Reduce total number of elective surgical pre-operative bed days per month	COO	GREEN	↑	GREEN	GREEN	Decrease of 7 bed days at PRH and a decrease of 47 bed days at RSH	M
		Non Elective - To achieve upper 20th percentile performance within five years from 2009	COO	RED	=	RED	RED	Decreased by 1.1 days at PRH and decreased by 0.4 days at RSH	M
	Daycases	Maintain a daycase rate above 78%	COO	GREEN	=	GREEN	GREEN	Increased to 77.7% during March	M
	Delayed Transfers of Care	3.5% (26 patients) of bed base by Q3 December 2011 (RSH 14 & PRH 12)	COO	RED	=	RED	RED	The number of patients with Delayed Transfer of Care remains a significant problem	M
	Outpatient Utilisation	% of patients booked in the capacity available (CO2.4)	FD	GREEN	=	GREEN	GREEN	OP activity increased in March with a corresponding DNA rate of 5.7% in line with March 2010	M
Supporting and developing our workforce in a learning organisation	Workforce Numbers	All staff Whole Time Equivalent (WTE) employed on permanent & fixed contracts	DCRM	RED	=	RED	RED	Currently 92.4% of establishment. The target is to reach at least 96% of establishment AND to remain within budget.	M
	Sickness	% Sickness Absence and WTE Days Lost	DCRM	AMBER	↑	AMBER	AMBER	Validated absence level 0.2% higher than this month last year	M
Ensuring a clinically viable & financially sustainable organisation	Financial Risk Rating	Maintain Monitor Governance Risk Rating at Amber or above	FD	RED	=	RED	RED	Risk Score = 2 (Below target)	M
	Governance Risk Rating	Assess performance against Monitor Governance Risk	COO / DCRM	RED	=	RED	RED	Monitor Governance Risk Rating of Red	Q
Achieving NHS Foundation Trust status	Foundation Trust Status	To achieve NHS Foundation Trust status in 2011	FD				No Update Provided	M	

Elective Length of Stay (LOS)

Target (2010/11)		Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary
Length of Stay (LOS) – Elective	To achieve upper 20th percentile performance	COO	GREEN	↑	GREEN	GREEN	Increase at PRH of 0.1 day and a decrease at RSH of 0.3 days



• **PRH Elective LOS**

Increased by 0.1 day between February and March.
The median elective length of stay remained at 1 day during March.

• **RSH Elective LOS**

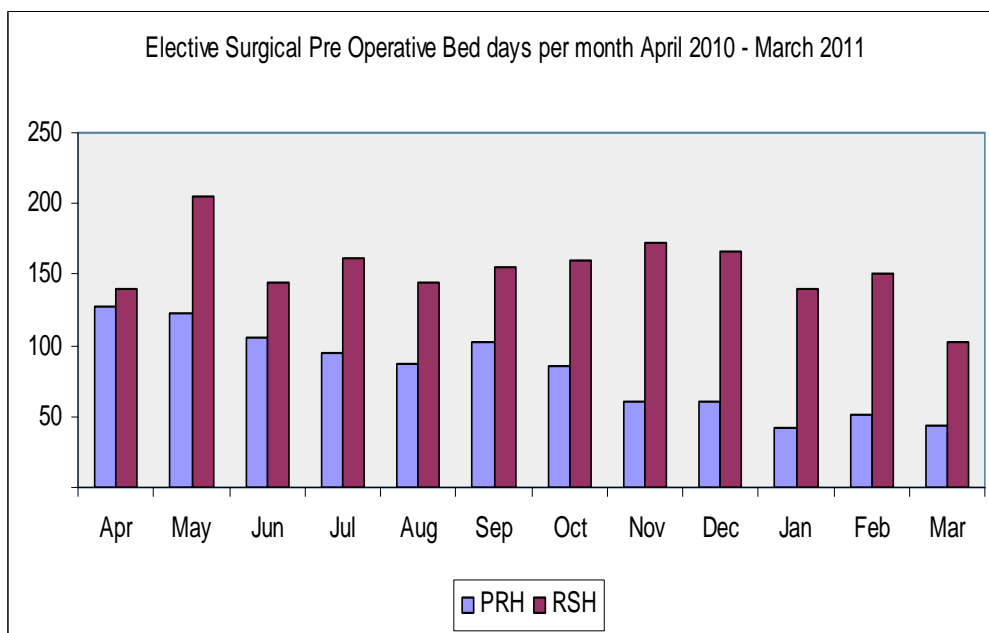
Decreased by 0.3 days between February and March.
The median elective length of stay decreased to 1 day during March.

Actions:

- Increase usage of Surgical Admission Suite at RSH.
- Convert inpatients to daycase where possible using BADS (British Association Day Surgery) criteria.
- Continued implementation of the Enhanced Recovery Programme.

Elective Surgical Pre Operative Bed Days per Month

Target (2010/11)		Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary
Elective Surgical Pre Operative Length of Stay (LOS)	Reduce total number of elective surgical pre-operative bed days per month	COO	GREEN	↑	GREEN	GREEN	Decrease of 7 bed days at PRH and a decrease of 47 bed days at RSH



The data is generated from MedeAnalytic and is subject to amendment with subsequent data revisions

- The number of elective surgical pre-operative bed days decreased at PRH by 7 and decreased by 47 at RSH during March.
- The median number of elective surgical pre-operative bed days per month over the last 12 months at PRH is 87 and 153 at RSH.

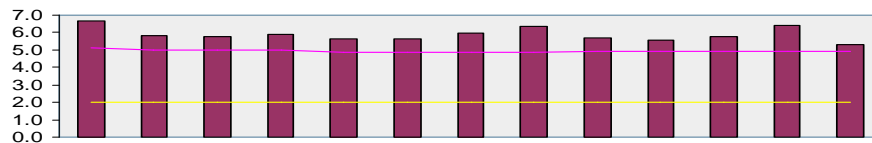
Actions:

- Increase the number of patients being admitted via the Surgical Admission Suite at RSH.
- Provision of monthly Elective Surgical Pre-operative Length of Stay information for clinical and managerial staff.
- Continue increase day of surgery admission for elective Orthopaedics & General Surgery inpatients at PRH.

Non Elective Length of Stay (LOS)

Target (2010/11)	Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary	
Length of Stay (LOS) – Non Elective	To achieve upper 20th percentile performance	COO	RED	=	RED	RED	Decreased by 1.1 days at PRH and decreased by 0.4 days at RSH

PRH Non Elective Length of Stay March 2010 - March 2011

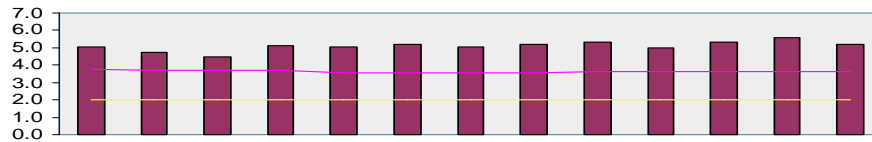


	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Mean	6.7	5.9	5.8	5.9	5.6	5.7	6.0	6.3	5.7	5.6	5.8	6.4	5.3
Mean Target	5.1	5.0	5.0	5.0	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9
Median	2	2	2	2	2	2	2	2	2	2	2	2	2

• PRH Non Elective LOS

Decreased by 1.1 days between February and March.
The median length of stay remained at 2 days during March.

RSH Non Elective Length of Stay March 2010 - March 2011



	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Mean	5.1	4.7	4.5	5.1	5.1	5.2	5.1	5.2	5.3	5.0	5.3	5.6	5.2
Mean Target	3.8	3.7	3.7	3.7	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.6
Median	2	2	2	2	2	2	2	2	2	2	2	2	2

• RSH Non Elective LOS

Decreased by 0.4 days between February and March.
The median length of stay remained at 2 days during March.

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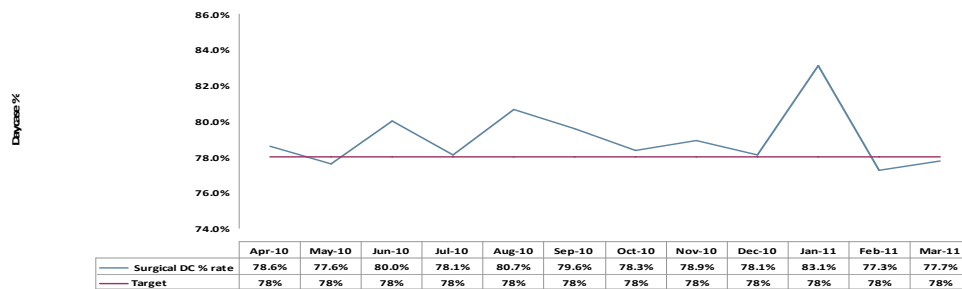
Actions:

- Increase frequency (every 2 weeks) of 'Joint Discharge Transformation Team meetings' with local health & social economy staff focussing on significant areas of delay for patients with continuing healthcare needs.
- Continued implementation of live SQL reporting for 'Delayed Transfer of Care' patients to key stakeholders within local health & social economy to create visibility and remedial action.
- Creation & implementation of the 'Unscheduled Care' improvement plan (facilitated by the Unscheduled Care Value Stream Chief).

Daycases

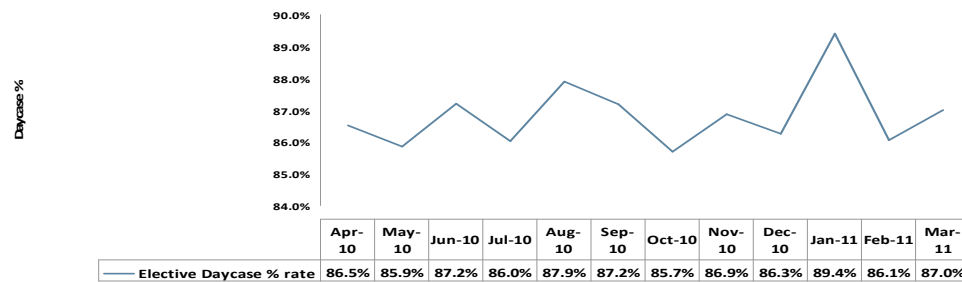
Target (2010/11)		Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary
Daycases	Maintain a day surgery case rate above 78%	COO	GREEN	=	GREEN	GREEN	Increased to 77.7% during March

Elective Surgical Daycase % Rate April 2010 - March 2011



- This key performance indicator measures the Trust's day case rate (the percentage of day case activity as a total of all elective activity).

All Elective Activity Daycase % Rate April 2010 - March 2011



- This key performance indicator measures the percentage of elective surgical procedures performed as day cases.

Intended Management	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	All
1 - Inpatient	543	583	582	571	439	541	599	581	523	382	529	586	5,873
2 - Daycase	1,992	2,020	2,331	2,038	1,832	2,111	2,167	2,173	1,869	1,880	1,798	2,047	22,211
Total: Selected Filter(s)	2,535	2,603	2,913	2,609	2,271	2,652	2,766	2,754	2,392	2,262	2,327	2,633	28,084

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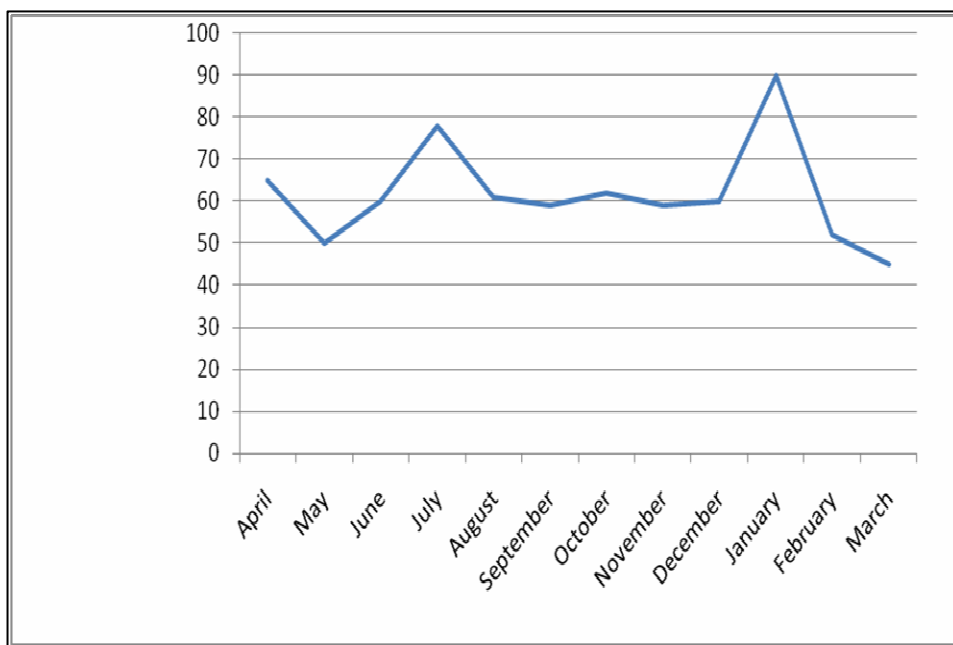
Actions:

- Convert inpatients to daycase where possible.
- Disseminate new BADS (British Association of Day Surgery) report within MedeAnalytics for Consultants.

Delayed Transfers of Care

Target (2010/11)		Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary
Delayed Transfers of Care	3.5% (26 patients) of bed base by Q3 December 2011 (RSH 14 & PRH 12)	COO	RED	=	RED	RED	The number of patients with Delayed Transfer of Care remains a significant problem

Number of Delayed Transfers of Care per Month



The main reasons for delays during March 2011 are due to patients awaiting:

- Further non acute NHS care (including intermediate care, rehabilitation etc)
- Care Home Placement – Nursing Home
- Completion of Assessments
- Care Home Placement – Residential.

Note – Delayed Transfers of Care are likely to increase in April 2011 as reporting accuracy and SaTH internal processes improve.

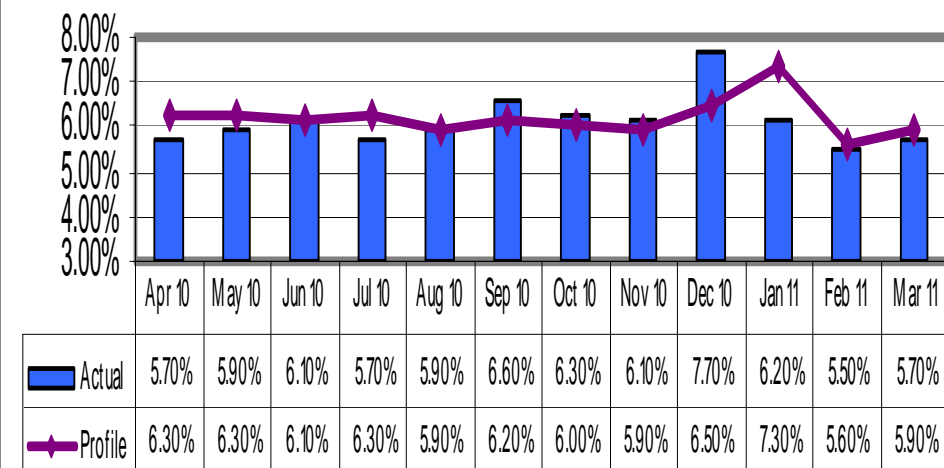
Actions:

- Continued implementation of the 'Delayed Transfer of Care' SQL report to create 'live' visibility enabling all stakeholders to see the issues and improve the delays / problems within their sphere of influence. The reports are now received by all stakeholders within local health & social economy via automated daily email (Mon-Fri).
- Continued focus upon improved accuracy of 'Delayed Transfers of Care' patients at PRH.
- Work with Commissioners and other Providers to enable patients to leave hospital in a timely way.

Outpatient Utilisation

Target (2010/11)		Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary
Outpatient Utilisation	% of patients booked in the capacity available (CO2.4)	FD	GREEN	=	GREEN	GREEN	OP activity increased in March with a corresponding DNA rate of 5.7% in line with March 2010

2010/11 OP DNA Rate Compared with 2009/10



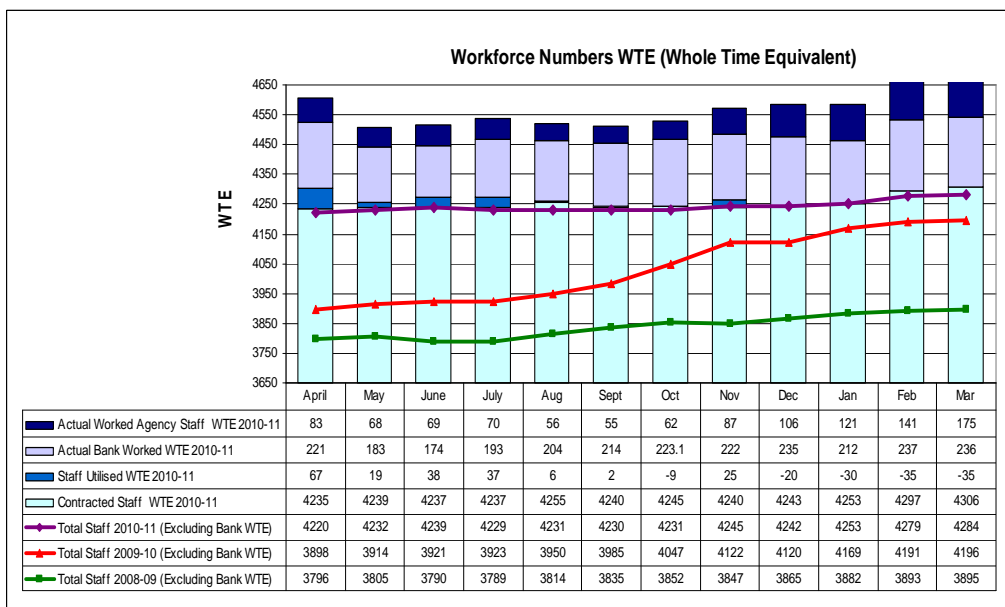
- Total OP attendances in March was 59,779; 9,509 more than last month, and 2,500 more than in March last year.
- Of these, there were 37,774 follow-up appointments, 2,943 more than March 2010
- The Scheduling Team booked an additional **91** OP clinics in March, 30 at PRH (374 patients) and 61 at RSH (684 patients) in order to meet agreed quality standards.
- Recorded total DNA rate in March was 5.7%, and this is at a similar level to March last year.

Actions:

- Implementation of new Access Policy and supporting standard operating procedures for:
 - Recording clinic outcomes
 - Managing patients who DNA.

Workforce Numbers

Target (2010/11)	Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary
All staff Whole Time Equivalent (WTE) employed on permanent & fixed contracts	DCRM	RED	=	RED	RED	Currently 92.4% of establishment. The target is to reach at least 96% of establishment AND to remain within budget.



Green: WTE > 95.9% of establishment AND total workforce cost < budget

Amber: WTE = 93.0-95.9% of establishment AND total workforce cost < budget

Red: WTE < 93.0% of establishment AND total workforce cost > budget

- 4,284 WTE substantive staff, end of March 2011; increase of 5 since end February (ESR).
- 92.4% of monthly budgeted establishment; 92.7% YTD average of monthly budgeted establishment.
- The contracted figure is 4,306 WTE.
- The budgeted establishment for December was 4,635 WTE (£14.286M). The chart illustrates total workforce for December from all sources was 4,682 WTE (£16.492M) - met through the use of permanent staff, overtime, bank and agency staff.
- Areas of highest use of agency (by cost): Medical Staff Ophthalmology – RSH (£125,687), Medical Staff Cardiology – RSH (£98,264), Medical Staff Anaesthetics – RSH (£90,220), Medical Staff General Medicine – RSH (£79,955)
- Total Agency spend: £1.408M.
- Bank shifts covered rose from 6951 shifts in February to 8412 in March. The main reasons for requests were Vacancy 70%, 1:1 11%, Sickness 10%. This increased demand led also led to an increase in agency shifts. Please see below Agency usage by WTE:

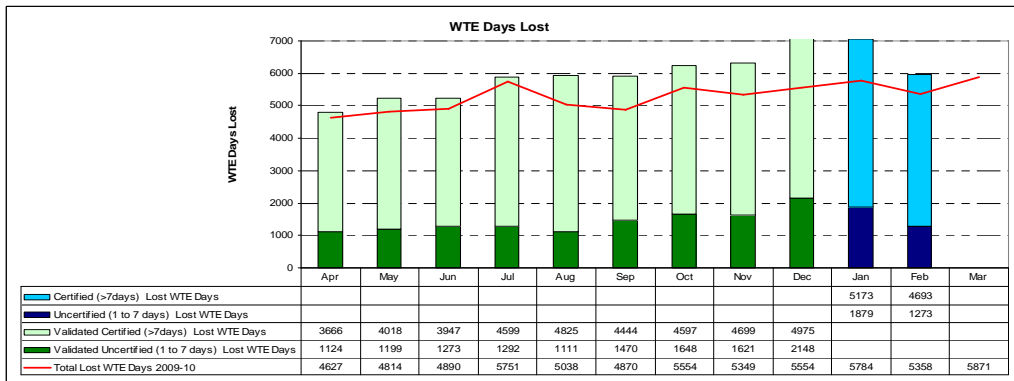
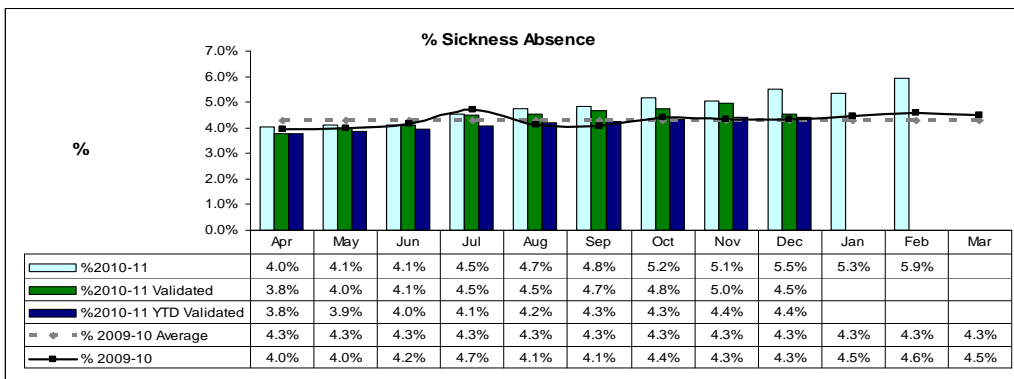
	Medics	Nursing	Other
Jan.	52	53	16
Feb.	61	64	16
Mar.	61	96	18

Actions:

- A coordinated recruitment campaign for nursing staff is to developed.
- The use of Bank and Agency staff is continuously reviewed on a weekly basis by the Line-Managers and relevant executive.

Sickness

Target (2009/10)		Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary
Sickness	% Sickness Absence and WTE Days Lost	DCRM	AMBER	↑	AMBER	AMBER	Validated absence level 0.2% higher than this month last year



Green: Absence rate < 4.3% | **Amber:** Absence rate = 4.3-4.7% | **Red:** Absence rate > 4.7%

- Overall validated absence level is 0.2% higher than for same month last year. Year to date validated level is 0.1% higher than last year's average.
- Benchmarking data provided by the West Midlands for December 2010 showed SaTH to be 20th of all 44 Trusts in the West Midlands.
- SaTH's sickness absence for 2009/10 was 4.3% (0.1% lower than 2008/9). A target of 4.2% has been set for 2010/11. It should be noted that the DoH have set a target of 3.39% for the West Midlands, to be achieved by 31st March 2013.
- Validated sickness average for April to December 2010 is 4.4%.
- Divisions continue to manage sickness absence in line with Trust policy and with support from HR, which includes using HR generated trigger lists to ensure early intervention in management of sickness absence, and completion of return to work interviews.
- The 5 Areas with the highest levels of sickness absence for December, based on WTE Days lost.

Area	Absence Rate	WTE Days Lost	Main Absence Reason
Ward 22 – Stroke & Rehabilitation	12%	238.09	Sickness - Other
Ward 25 – General Surgery	8%	213.05	Sickness - Other
Domestic Services Department (RSH)	8%	187.80	Musculo-skeletal Back
Catering Department (RSH)	10%	151.65	Sickness - Other
Ward 28 – Trauma & Orthopaedic	9%	146.28	Sickness - Surgery

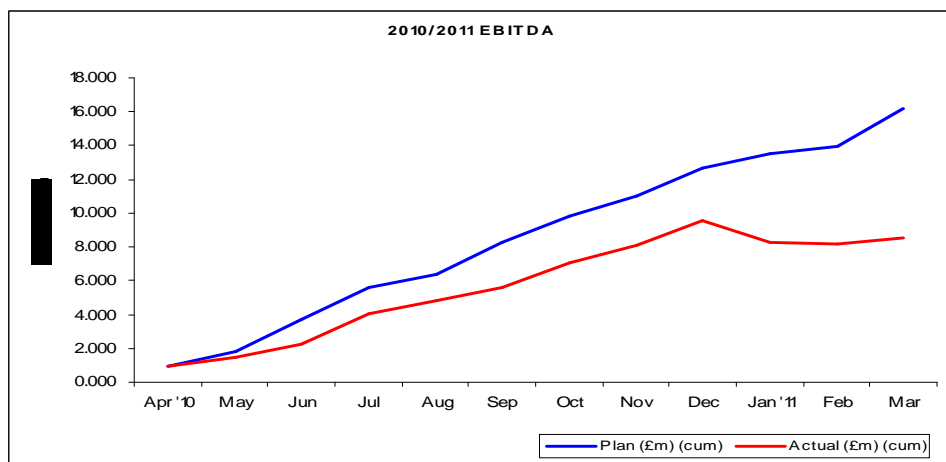
Actions:

- There is a proposed new draft Management Sickness Absence policy, which is currently subject to consultation with staff-side representatives.
- A new sickness absence form has been developed for use when recording absence via Payroll. The form is designed to ensure that Managers provide accurate sickness reasons for a period of absence.
- The importance of recording accurate sickness reasons has been reiterated to Managers across the Trust. It has been highlighted that 'Other' and 'Unknown' should be used as sickness reasons in rare circumstances, and only as a last resort.

Financial Risk Rating

Target (2010/11)	Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary	
Financial Risk Rating	Maintain Monitor Governance Risk Rating at Amber or above	FD	RED	=	RED	RED	Risk Score = 2 (Below target)

Metric	Value	Rating
EBITDA margin	3.1%	2
EBITDA, % achieved	52.8%	2
ROA	3.4%	3
I&E surplus margin	0.0%	2
Liquid ratio	8.2	1
Weighted Average		2



- Month 12 EBITDA £1.380m (Plan £2.183m): **shortfall to plan £0.803m.**
- Cumulative EBITDA £13.539m (Plan £16.173m): **shortfall to plan £2.634m.**
- EBITDA excluding support: £0.355m in month (£8.539m YTD).
- Month 12 I&E Trading **Deficit** £0.685m (Plan Surplus £1.0086m) **shortfall £1.6936m.**
- SHA support of £5m for 2010/11 confirmed.
- Cumulative **Surplus** £0.026m (Plan Surplus £2.567m): **shortfall to plan £2.541m.**
- Unfavourable Emergency Threshold adjustment of £2.780m cumulative.
- Pay overspend £2.207m (£12.325m cumulative).
- Pay spend month 12 £16.493m.
- Agency spend Month 12 £1.408m (Months 1 to 11 average £0.701m).
- Working capital and cash management pressure continues.

Actions:

- Divisions have identified schemes to reduce costs in the latter part of year, actioned from January.
- Recruitment to additional posts, review in progress.
- All non pay spend for non-clinical items continues to be reviewed by senior finance officers prior to approval.

Governance Risk Rating

Target	Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary
Governance Risk Rating	DSD	Red	=	Red	Red	Monitor Governance Risk Rating of Red

Monitor Compliance Framework - Service Performance	Threshold	Weighting	Monitoring Period	Q4 Performance	Q4 Weighting
Acute Targets - National Requirements					
Clostridium Difficile year on year reduction (to fit trajectory for the year as agreed with the PCT - assumes a 15% reduction if no contract agreed)	0	1	Quarterly	14	0
MRSA - Meeting the MRSA objective (2)	0	1	Quarterly	2	0
All Cancers: 31 day wait for second or subsequent treatment (3), comprising either:		1	Quarterly		1
Surgery	94			90.00%	
Anti Cancer Drug Treatments	98			92.00%	
Radiotherapy (from Jan. 2011)	94				
All Cancers: 62 day wait for the first treatment (4) comprising either:		1	Quarterly		1
from Urgent GP Referral to Treatment	85				
from Consultant Screening Service Referral	90				
Acute Targets - Minimum Standards					
All Cancers 31 day wait from diagnosis to first treatment (6)	96	0.5	Quarterly		
Cancer: two week wait from referral to date first seen (7), comprising either:		0.5	Quarterly		0.5
All Cancers	93			92.47%	
for Symptomatic Breast Patients	93				
Screening all elective inpatients for MRSA (8)	100	0.5	Quarterly	TBC	
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge (9)	95	0.5	Quarterly	96.2	0
People suffering heart attack to receive Thrombolysis within 60 minutes of call (where this is the preferred local treatment for heart attack) (10)	68	0.5	Quarterly	0%	0.5
All Acute and Mental Health NHS Foundation Trusts					
Self certification against compliance with requirements regarding access to healthcare for people with learning disability (19)	N/A	0.5	Annually	N/A	
Total Score					3
Monitor Governance Risk Rating Score Q2					Red

- Foundation Trusts are required to report performance against the governance risk rating to monitor on a quarterly basis
- Each target is given a weighted score and the total assessed against the following thresholds:
 - 0 - 0.9 Green
 - 1 - 1.9 Amber-Green
 - 2 - 2.9 Amber-Red
 - 3 or above Red
- For consistency a monitor rating of either Amber-Green or Amber-Red will map to a SaTH RAG status of Amber
- As the rating applied increases there is an associated increase in the level of reporting, actions plans and potential monitor intervention that is mandated
- If SaTH were submitting Q4 data to monitor we would be rated as Red, primarily due to performance against Cancer Targets (2.5 of 3 points relate to Cancer). Further information for those areas identified as underachieving is included on the relevant IPR slide.

Actions:

- Further information for those areas identified as underachieving is included on the relevant IPR slide.