### EXECUTIVE RESPONSIBLE
Tina Cookson  
Chief Operating Officer

### 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.

### EXECUTE 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 4th Quarter.

### KEY FACTS
- 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.

### RECOMMENDATIONS
The Board is asked to NOTE:  
• performance against a range of Key Performance Indicators covering Quality, Delivery and Foundations.
<table>
<thead>
<tr>
<th>Integrated Performance Report: Delivery (CO2, CO3 &amp; CO4) Foundations (CO5 &amp; CO6)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target (2010/11)</strong></td>
</tr>
<tr>
<td>Theatre Utilisation – % Utilisation of funded theatre sessions</td>
</tr>
<tr>
<td>Length of Stay (LOS) – Elective - To achieve upper 20th percentile performance within five years from 2009</td>
</tr>
<tr>
<td>Length of Stay (LOS) – Reduce total number of elective surgical pre-operative bed days per month</td>
</tr>
<tr>
<td>Length of Stay (LOS) – Non Elective - To achieve upper 20th percentile performance within five years from 2009</td>
</tr>
<tr>
<td>Daycases – Maintain a daycase rate above 78%</td>
</tr>
<tr>
<td>Delayed Transfers of Care – 3.5% (26 patients) of bed base by Q3 December 2011 (RSH 14 &amp; PRH 12)</td>
</tr>
<tr>
<td>Outpatient Utilisation – % of patients booked in the capacity available (CO2.4)</td>
</tr>
<tr>
<td>Workforce Numbers – All staff Whole Time Equivalent (WTE) employed on permanent &amp; fixed contracts</td>
</tr>
<tr>
<td>Sickness – % Sickness Absence and WTE Days Lost</td>
</tr>
<tr>
<td>Financial Risk Rating – Maintain Monitor Governance Risk Rating at Amber or above</td>
</tr>
<tr>
<td>Governance Risk Rating – Assess performance against Monitor Governance Risk</td>
</tr>
<tr>
<td>Foundation Trust Status – To achieve NHS Foundation Trust status in 2011</td>
</tr>
</tbody>
</table>
## Elective Length of Stay (LOS)

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

### Commentary

- **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.

The data is generated from MedeAnalytic and is subject to amendment with subsequent data revisions.
Elective Surgical Pre Operative Bed Days per Month

<table>
<thead>
<tr>
<th>Target (2010/11)</th>
<th>Executive Lead</th>
<th>Monthly Status</th>
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<th>Year to Date</th>
<th>Forecast</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective Surgical Pre Operative Length of Stay (LOS)</td>
<td>Reduce total number of elective surgical pre-operative bed days per month</td>
<td>COO</td>
<td>GREEN</td>
<td>↑</td>
<td>GREEN</td>
<td>GREEN</td>
</tr>
</tbody>
</table>

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.

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

The Shrewsbury and Telford Hospital NHS Trust

Quality Integrity People Excellence Community
**Non Elective Length of Stay (LOS)**

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

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

**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).

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

<table>
<thead>
<tr>
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<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daycases</td>
<td>COO</td>
<td>GREEN</td>
<td>=</td>
<td>GREEN</td>
<td>GREEN</td>
<td>Increased to 77.7% during March</td>
</tr>
</tbody>
</table>

### 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.

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

**Actions:**
- Convert inpatients to daycase where possible.
- Disseminate new BADS (British Association of Day Surgery) report within MedeAnalytics for Consultants.
### Delayed Transfers of Care

<table>
<thead>
<tr>
<th>Target (2010/11)</th>
<th>Executive Lead</th>
<th>Monthly Status</th>
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<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delayed Transfers of Care</td>
<td>COO</td>
<td>RED</td>
<td>=</td>
<td>RED</td>
<td>RED</td>
<td>The number of patients with Delayed Transfer of Care remains a significant problem</td>
</tr>
</tbody>
</table>

**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.

The percentage of patients with Delayed Transfers of Care as of Q3 December 2011 is 3.5% (26 patients) of bed base at RSH 14 & PRH 12.
Outpatient Utilisation

<table>
<thead>
<tr>
<th>Target (2010/11)</th>
<th>Executive Lead</th>
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<th>Forecast</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Utilisation</td>
<td>% of patients booked in the capacity available (CO2.4)</td>
<td>FD</td>
<td>GREEN</td>
<td>=</td>
<td>GREEN</td>
<td>GREEN</td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Workforce Numbers</th>
<th>Target (2010/11)</th>
<th>Executive Lead</th>
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</tr>
</thead>
<tbody>
<tr>
<td>All staff Whole Time Equivalent (WTE) employed on permanent &amp; fixed contracts</td>
<td>92.4% of establishment</td>
<td>DCRM</td>
<td>RED</td>
<td>=</td>
<td>RED</td>
<td>RED</td>
<td>Currently 92.4% of establishment. The target is to reach at least 96% of establishment AND to remain within budget.</td>
</tr>
</tbody>
</table>

- 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:

<table>
<thead>
<tr>
<th>Workforce Numbers WTE (Whole Time Equivalent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
</tr>
<tr>
<td>Actual Worked Agency Staff 2010-11</td>
</tr>
<tr>
<td>Actual Bank Worked WTE 2010-11</td>
</tr>
<tr>
<td>Staff Utilised WTE 2010-11</td>
</tr>
<tr>
<td>Contracted Staff WTE 2010-11</td>
</tr>
<tr>
<td>Total Staff 2010-11 (Including Bank-WTE)</td>
</tr>
<tr>
<td>Actual Worked Agency Staff 2009-10</td>
</tr>
<tr>
<td>Actual Bank Worked WTE 2009-10</td>
</tr>
<tr>
<td>Staff Utilised WTE 2009-10</td>
</tr>
<tr>
<td>Contracted Staff WTE 2009-10</td>
</tr>
<tr>
<td>Total Staff 2009-10 (Including Bank-WTE)</td>
</tr>
</tbody>
</table>

**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

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

<table>
<thead>
<tr>
<th>Target (2009/10)</th>
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<th>Forecast</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Sickness Absence and WTE Days Lost</td>
<td>DCRM</td>
<td>AMBER</td>
<td>↑</td>
<td>AMBER</td>
<td>AMBER</td>
<td>Validated absence level 0.2% higher than this month last year</td>
</tr>
</tbody>
</table>

- 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.

**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.

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**Musculo-Skeletal Back**
- 187.80 8%

**Domestic Services Department (RSH)**
- Sickness K Other 151.65 10%

**Surgery**
- Ward 28 – Trauma & Orthopaedic 238.09 12%

**Ward 25 – General Surgery**
- 213.05 8%

**Ward 22 – Stroke & Rehabilitation**
- 238.09 12%

**Catering Department (RSH)**
- 187.80 8%

**Ward 25 – General Surgery**
- 213.05 8%

**Ward 22 – Stroke & Rehabilitation**
- 238.09 12%

**Catering Department (RSH)**
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**Ward 25 – General Surgery**
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- 238.09 12%

**Catering Department (RSH)**
- 187.80 8%
## Financial Risk Rating

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>EBITDA margin</td>
<td>3.1%</td>
<td>2</td>
</tr>
<tr>
<td>EBITDA, % achieved</td>
<td>52.8%</td>
<td>2</td>
</tr>
<tr>
<td>ROA</td>
<td>3.4%</td>
<td>3</td>
</tr>
<tr>
<td>I&amp;E surplus margin</td>
<td>0.0%</td>
<td>2</td>
</tr>
<tr>
<td>Liquid ratio</td>
<td>8.2</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weighted Average</th>
<th>Value</th>
<th>Rating</th>
</tr>
</thead>
</table>

### Commentary
- Risk Score = 2 (Below target)
- 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: £0.0355m 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

Assess performance against Monitor Governance Risk

<table>
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<tr>
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<tbody>
<tr>
<td>DSD</td>
<td>Red</td>
<td>=</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Monitor Governance Risk Rating of Red</td>
</tr>
</tbody>
</table>

• 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.