## 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.

## EXECUTIVE SUMMARY
This paper reports current performance against a number of established KPIs for the period up to the end of February 2011. As detailed in previous papers this reports only includes slides for those KPIs identified as suitable for monthly reporting. The summary sheet will continue to show a RAG for all KPIs with quarterly KPIs showing their RAG status at the end of the last full quarter.

## KEY FACTS
- The number of bed days lost due to ‘Delay Transfers of care’ increased by 43% from January to February
- Elective length of stay decreased and non elective length of stay increased on both hospital sites
- The number of staff employed was 4,279 WTE at the end of February 2011; increase of 26 since end January (ESR).
- Validated sickness average for April to November 2010 is 4.4%, a drop of 0.4% since October.

## RECOMMENDATIONS
The Board is asked to NOTE:
- performance against a range of Key Performance Indicators covering Quality, Delivery and Foundations.
## Integrated Performance Report: Delivery (CO2, CO3 & CO4) Foundations (CO5 & CO6)

<table>
<thead>
<tr>
<th>Target (2010/11)</th>
<th>Executive Lead</th>
<th>Monthly Performance</th>
<th>Direction of Travel</th>
<th>Year to Date</th>
<th>Forecast</th>
<th>Commentary</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theatre Utilisation</td>
<td>COO</td>
<td>AMBER</td>
<td>⊁</td>
<td>AMBER</td>
<td>GREEN</td>
<td>Overall theatre performance remains constant but revised action plan should improve performance.</td>
<td>M</td>
</tr>
<tr>
<td>Length of Stay (LOS)</td>
<td>COO</td>
<td>GREEN</td>
<td>⊁</td>
<td>AMBER</td>
<td>AMBER</td>
<td>Decrease at PRH of 0.5 days and a decrease at RSH of 0.2 days</td>
<td>M</td>
</tr>
<tr>
<td>Elective - To achieve upper 20th percentile performance within five years from 2009</td>
<td>COO</td>
<td>GREEN</td>
<td>⊁</td>
<td>AMBER</td>
<td>AMBER</td>
<td>Increase of 2 bed days at PRH and a decrease of 8 bed days at RSH</td>
<td>M</td>
</tr>
<tr>
<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>
<td></td>
<td>M</td>
</tr>
<tr>
<td>Non Elective - To achieve upper 20th percentile performance within five years from 2009</td>
<td>COO</td>
<td>RED</td>
<td>=</td>
<td>RED</td>
<td>RED</td>
<td>Increased by 0.6 days at PRH and increased by 0.3 days at RSH</td>
<td>M</td>
</tr>
<tr>
<td>Daycases</td>
<td>COO</td>
<td>GREEN</td>
<td>=</td>
<td>GREEN</td>
<td>GREEN</td>
<td>Decreased to 77.3% during February</td>
<td>M</td>
</tr>
<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 bed days lost due to delays increased by 43% from January to February</td>
<td>M</td>
</tr>
<tr>
<td>Outpatient Utilisation</td>
<td>FD</td>
<td>GREEN</td>
<td>=</td>
<td>GREEN</td>
<td>GREEN</td>
<td>Overall DNA rate in February was 5.5%, an improvement from last month and in line with Feb 2010</td>
<td>M</td>
</tr>
<tr>
<td>Workforce Numbers</td>
<td>DCRM</td>
<td>RED</td>
<td>=</td>
<td>RED</td>
<td>RED</td>
<td>Currently 92.3% of establishment. The target is to reach at least 98% of establishment AND to remain within budget.</td>
<td>M</td>
</tr>
<tr>
<td>Sickness</td>
<td>DCRM</td>
<td>RED</td>
<td>⊁</td>
<td>AMBER</td>
<td>AMBER</td>
<td>Validated absence level 0.7% higher than this month last year</td>
<td>M</td>
</tr>
<tr>
<td>Financial Risk Rating</td>
<td>FD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>M</td>
</tr>
<tr>
<td>Governance Risk Rating</td>
<td>COO / DCRM</td>
<td>RED</td>
<td>=</td>
<td>RED</td>
<td>RED</td>
<td>Monitor Governance Risk Rating of Red</td>
<td>Q</td>
</tr>
<tr>
<td>Foundation Trust Status</td>
<td>DCRM</td>
<td>RED</td>
<td>⊁</td>
<td>RED</td>
<td>RED</td>
<td>Plans for achieving FT status in 2013 have now been presented to the SHA</td>
<td>M</td>
</tr>
</tbody>
</table>
Overall theatre performance remains constant but revised action plan should improve performance.

**Theatre Utilisation:**
- Theatre utilisation for PRH in February 78% and RSH 78% which is an increase at PRH of 22% and an increase at RSH of 3% compared to the previous month.
- The key reasons for under utilisation resulting in lost activity at both sites remain the amount of closed sessions and unused Theatre time.
- The PRH position shows a reduction from last year with a slight increase at RSH. This is a result of the impact of the Trust's Escalation policy in the first part of the month.

**Performance Management:**
- Data is available for each Centre split by speciality.
- Speciality data is split by Consultant.
- Percentage data is converted into number of theatre sessions lost.
- Data is broken down into cancelled operations and the reasons why.
- Data is broken down into late starts and the reasons why.
- Data is available for unfunded sessions, majority funded by WLI.

**Actions:**
- Report findings to Clinical leads and Divisional General Managers and agree an action plan to deliver improved results.
- March 2011 Working Group to be set up to review the outcomes of the Productive Operating Theatre Visioning Workshop linked to the Flow Management Process. Date set 1st April 2011.
- Review whether closed sessions should be included in utilisation figure (i.e. session closed 4 weeks in advance and not staffed).
**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 Length of Stay (LOS)**

<table>
<thead>
<tr>
<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>Length of Stay (LOS) – Elective</td>
<td>To achieve upper 20th percentile performance</td>
<td>COO</td>
<td>GREEN</td>
<td>↑</td>
<td>AMBER</td>
<td>AMBER</td>
</tr>
</tbody>
</table>

**PRH Elective LOS**
Decreased by 0.5 days between January and February.
The median elective length of stay remained at 1 day during February.

**RSH Elective LOS**
Decreased by 0.2 days between January and February.
The median length of stay remained at 2 days during February.

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

---

**Forecast Year to Date**

<table>
<thead>
<tr>
<th>PRH - Elective Length of Stay February 10 - February 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOS Mean</td>
</tr>
<tr>
<td>Mean Target</td>
</tr>
<tr>
<td>Median</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RSH - Elective Length of Stay February 10 - February 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOS Mean</td>
</tr>
<tr>
<td>Mean Target</td>
</tr>
<tr>
<td>Median</td>
</tr>
</tbody>
</table>
### Elective Surgical Pre Operative Bed Days per Month

<table>
<thead>
<tr>
<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>Elective Surgical Pre Operative Length of Stay (LOS)</td>
<td>COO</td>
<td>GREEN</td>
<td>=</td>
<td>GREEN</td>
<td>GREEN</td>
<td>Increase of 2 bed days at PRH and a decrease of 8 bed days at RSH</td>
</tr>
</tbody>
</table>

#### Commentary
- The number of elective surgical pre-operative bed days increased at PRH by 2 from January and decreased by 8 at RSH.
- The median number of elective surgical pre-operative bed days per month over the last 12 months at PRH is 111 and 174 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.
## Non Elective Length of Stay (LOS)

<table>
<thead>
<tr>
<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>Length of Stay (LOS) – Non Elective</td>
<td>To achieve upper 20th percentile performance</td>
<td>COO</td>
<td>RED</td>
<td>=</td>
<td>RED</td>
<td>RED</td>
</tr>
</tbody>
</table>

### Commentary

#### PRH Non Elective LOS
Increased by 0.6 days between January and February. The median Length of Stay remained at 2 days during February.

#### RSH Non Elective LOS
Increased by 0.3 days between January and February. The median Length of Stay remained at 2 days during February.

### 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 launch of live SQL reporting for ‘Delayed Transfer of Care’ patients to key stakeholders within local health & social economy.
- Review of SaTH Discharge Liaison Team underway.

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

<table>
<thead>
<tr>
<th>Daycases</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>Maintain a day surgery case rate above 78%</td>
<td>COO</td>
<td>GREEN</td>
<td>=</td>
<td>GREEN</td>
<td>GREEN</td>
<td>Decreased to 77.3% during February</td>
</tr>
</tbody>
</table>

### Commentary

- This key performance indicator measures the Trust’s day case rate (the percentage of day case activity as a total of all elective activity). Note – this decreased from 89.4% to 86.1% during February.

- This key performance indicator measures the percentage of elective surgical procedures performed as day cases. Note – this decreased from 83.1% to 77.3% during February.

- The day case percentage rate reduced during February due to an increase in the number of elective surgical inpatients treated and a decrease in the number of day surgical patients treated (during February half term - week commencing 21st Feb, there was a significant decrease in the number of day surgical theatre lists due to annual leave resulting in lower day surgical patients being treated during the month).

### Actions:

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

### Graphs

- All Elective Activity Daycase % rate
- Elective Surgical Daycase % rate

The data is generated from MedeAnalytic and is subject to amendment with subsequent data revisions.
Delayed Transfers of Care

Target (2010/11): Reduce delayed transfers of care by 50% by 31st March 2011 (RSH 22 & PRH 18)

Executive Lead: COO

Monthly Status: RED

Direction of Travel: Down

Year to Date: RED

Forecast: RED

Commentary: The number of bed days lost due to delays increased by 43% from January to February.

The main reasons for delays during February are:

- 30% of Bed Delay are due to - Completion of Assessments
- 32% of Bed Delays are due to - Awaiting Care Home Placement – Nursing Home
- 15% of Bed Delays are due to - Further non acute NHS care (including intermediate care, rehabilitation etc)
- 8% of Bed Delays are due to - Awaiting Care Home Placement – Residential
- 1378 bed days / 28 days equates to 49 acute beds lost.

Note – delayed transfers of care are likely to increase as reporting accuracy and SaTH internal processes improve.

Actions:
- Continue launch of ‘delayed transfer of care’ live SQL report – to be made available to all stakeholders within local health & social economy via automated daily email (Mon-Fri).
- Improve accuracy of ‘delayed transfers of care’ patients at PRH.
- Refocus the Joint Discharge Transformation Team (now meeting fortnightly) to focus upon a 50% reduction in the number of delayed transfers of care by 31st March 2011.
- Work with Commissioners and other Providers to enable patients to leave hospital in a timely way.
Outpatient Utilisation

<table>
<thead>
<tr>
<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>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>

- Total OP attendances were 50,270 (18,175 new and 32,095 follow-up), similar to February 2010, but fewer 1st appointments and more follow-up in 2011.
- The Scheduling Team booked an additional 76 OP clinics in February, 25 at PRH (293 patients) and 51 at RSH (534 patients) arranged at short notice in order to meet agreed quality standards.
- Recorded total DNAs in February were 5.5%, an improvement of 0.7% compared with the previous month and a similar to Feb 2010.
- There was an abnormally high DNA rate particularly in follow-up patients at PRH on 11th January. Root cause analysis indicates the main causative factors were that some patients, whose appointment letters were generated in December, either did not receive the letter or received it late and some appointment letters were not generated due to the failure of a manual process. However, there was also an abnormally high DNA rate on the same day in areas where letters are not normally sent (eg. T&O follow-up patients are given an appointment card at the time of the 1st appointment).
- The contingency measures put in place immediately improved OP attendance for January. A bulk printing exercise was carried out to ensure appointment letters are re-printed for all active appointments in 2011.

**Actions:**
Review of the approved strategy for communicating with patients regarding their appointments in the light of the new Access Policy
Currently 92.3% of establishment. The target is to reach at least 96% of establishment AND to remain within budget.

- 4,279 WTE substantive staff, end of February 2011; increase of 26 since end January (ESR).
- 92.3% of monthly budgeted establishment; 92.7% YTD average of monthly budgeted establishment.
- The contracted figure is 4,297 WTE.
- The budgeted establishment for December was 4,635 WTE (£14.427M). The chart illustrates total workforce for December from all sources was 4,640 WTE (£16.147M) - met through the use of permanent staff, overtime, bank and agency staff.
- Areas of highest use of agency (by cost): Medical Staff Ophthalmology – RSH (£111,264), Medical Staff A&E – RSH (£67,685), Medical Staff Anaesthetics – RSH (£63,234), Medical Staff General Medicine – RSH (£53,539)
- Total Agency spend: £1.075M.
- Agency use by WTE:

<table>
<thead>
<tr>
<th>WTE</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>3650</td>
<td>3750</td>
<td>3850</td>
<td>3950</td>
<td>4050</td>
<td>4150</td>
<td>4250</td>
<td>4350</td>
<td>4450</td>
<td>4550</td>
<td>4650</td>
<td>4750</td>
<td></td>
</tr>
<tr>
<td>Actual Worked Agency Staff (WTE 2010-11)</td>
<td>83</td>
<td>68</td>
<td>69</td>
<td>70</td>
<td>56</td>
<td>55</td>
<td>62</td>
<td>87</td>
<td>106</td>
<td>121</td>
<td>141</td>
<td></td>
</tr>
<tr>
<td>Actual Worked WTE 2010-11</td>
<td>227</td>
<td>183</td>
<td>174</td>
<td>195</td>
<td>204</td>
<td>214</td>
<td>223</td>
<td>222</td>
<td>223</td>
<td>212</td>
<td>207</td>
<td></td>
</tr>
<tr>
<td>Utilised WTE 2010-11</td>
<td>67</td>
<td>19</td>
<td>37</td>
<td>6</td>
<td>2</td>
<td>9</td>
<td>25</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Contracted Staff WTE 2010-11</td>
<td>4235</td>
<td>4239</td>
<td>4237</td>
<td>4237</td>
<td>4237</td>
<td>4237</td>
<td>4237</td>
<td>4237</td>
<td>4237</td>
<td>4253</td>
<td>4297</td>
<td></td>
</tr>
<tr>
<td>Total WTE 2010-11 (Excluding Bank WTE)</td>
<td>3990</td>
<td>3994</td>
<td>3992</td>
<td>3992</td>
<td>3992</td>
<td>3992</td>
<td>3992</td>
<td>3992</td>
<td>3992</td>
<td>3992</td>
<td>3992</td>
<td></td>
</tr>
<tr>
<td>Total WTE 2009-10 (Excluding Bank WTE)</td>
<td>3794</td>
<td>3865</td>
<td>3790</td>
<td>3789</td>
<td>3814</td>
<td>3835</td>
<td>3852</td>
<td>3847</td>
<td>3865</td>
<td>3862</td>
<td>3853</td>
<td>3847</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:**
- The Approval to Appoint process has been revised to enable recruitment decisions to be made at SDU level which should speed up the process to appoint to established posts. However, sickness absence at management level and the need to check the regional redeployment pool will still impact on timely recruitment.
- 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

Target (2009/10)  Executive Lead  Monthly Status  Direction of Travel  Year to Date  Forecast  Commentary

% Sickness Absence and WTE Days Lost  DCRM  RED  ↓  AMBER AMBER  Validated absence level 0.7% higher than this month last year

- Overall validated absence level is 0.7% higher than for same month last year. Year to date validated level is higher than last year’s average.
- Benchmarking data provided by the West Midlands for November 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 November 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 November, based on WTE Days lost:

**Actions:**
- Sickness absence levels have been gradually increasing throughout the year despite intensive management of individual cases.
- There is a proposed new draft Management Sickness Absence policy, which is currently subject to consultation with staff-side representatives.
### Foundation Trust Status

<table>
<thead>
<tr>
<th>Target</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>Foundation Trust Status</td>
<td>DoCRM</td>
<td>RED</td>
<td>↓</td>
<td>RED</td>
<td>RED</td>
<td>Plans for achieving FT status in 2013 have now been presented to the SHA</td>
</tr>
</tbody>
</table>

In addition to an Annual Plan, periodic reporting against the criteria set out in Monitor’s Compliance Framework is mandatory for Foundation Trusts, and is a self-regulatory component to assess ongoing financial and governance risks.

A financial risk rating (FRR) uses a number of indicators to assess the level of financial risk to provide an overall assessment in a weighted measure rated 1 (highest risk) to 5, derived from: delivery of plan; operating margin; return on assets; and liquidity.

For governance risk, Monitor uses a graduated system from green (lowest risk) through to red (highest risk), derived from a number of factors including: performance against national targets and indicators; Care Quality Commission registration and ongoing performance against registration requirements; provision of mandatory goods and services.

If SaTH were reporting to Monitor as a Foundation Trust, risks would be rated as follows:
- FRR score of 1 (Red)
- Governance risk score of 3 (Red)

#### Monitor Compliance Framework

- Finance
- Governance

### Actions:

- A ‘tripartite agreement’ between the SHA, DH and SaTH will be signed by 31 March 2011 setting out key milestones of the FT application
- Full-time FT Project Manager recruitment during March/April
- The Trust plans to achieve Foundation Trust (FT) status in December 2013, and Julia Clarke (Director of Compliance and Risk Management) has formally taken responsibility as organisational lead for the Trust’s FT application
- Milestones and key activities within the planned FT trajectory have been submitted to the SHA. A ‘tripartite agreement’ between the SHA, DH and SaTH will be signed by 31 March 2011 setting out key milestones of the FT application
- The Chairman and CE will undertake a review of the Trust’s Constitution during early Spring 2011
- At 28 February 2011, the total FT membership stands at 12,313 members of which:
  - 7215 are public members
  - 5098 are staff members (which includes 500 bank and fixed term staff)
  Action plans are being formulated to further improve membership representativeness and staff engagement.
- The Trust plans to hold a public consultation with the local population on our FT aspirations towards the end of 2012