

# INTEGRATED PERFORMANCE REPORT for period ending 31<sup>st</sup> December 2010

## Performance

<b>EXECUTIVE RESPONSIBLE</b>	Tina Cookson Interim Chief Operating Officer
<b>AUTHOR (if different from above)</b>	Paul Hodson Head of Contracts & Performance Pete Gordon Head of Continuous Improvement William Wraith Head of Human Resources Tony Brown Assistant Director Financial Performance
<b>CORPORATE OBJECTIVE</b>	Enhancing Patient Experience, Safety and Effectiveness, Achieving NHS Foundation Trust Status
<b>BUSINESS PLAN OBJECTIVE NO(S)</b>	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.

<b>KEY FACTS</b>	<ul style="list-style-type: none"> <li>Daycase rate decreased in December.</li> <li>Elective length of stay increased at RSH but decreased at PRH.</li> <li>Non elective length of stay decreased at both sites.</li> <li>The number of staff employed was 4,242 WTE at the end of December.</li> <li>Validated sickness absence rate for September was 4.7%.</li> </ul>
------------------	--

<b>EXECUTIVE SUMMARY</b>	This paper reports current performance against a number of KPIs for the period up to the end of December 2010. As detailed in previous papers this reports includes KPIs identified as suitable for both Monthly and Quarterly reporting as December represents the completion of the 3 <sup>rd</sup> Quarter.
--------------------------	--

<b>RECOMMENDATIONS</b>	The Board is asked to <b>NOTE</b> : <ul style="list-style-type: none"> <li>performance against a range of Key Performance Indicators covering Quality, Delivery and Foundations.</li> </ul>
------------------------	---

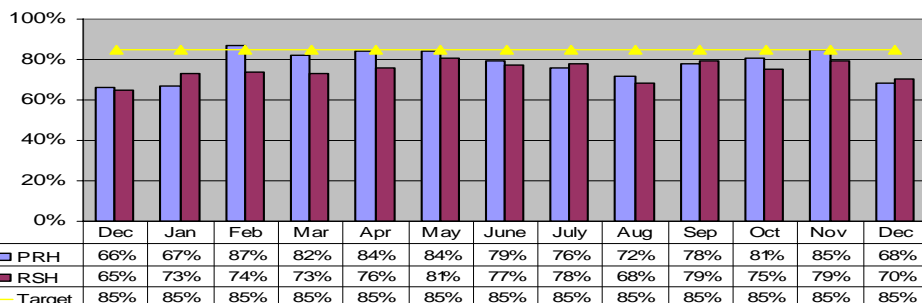
# Integrated Performance Report: Delivery (CO2, CO3 & CO4) Foundations (CO5 & CO6)

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	DoS	AMBER	=	AMBER	GREEN	Overall theatre performance remains constant but revised action plan should improve performance	M
	Length of Stay (LOS)	Elective - To achieve upper 20th percentile performance within five years from 2009	DoS	GREEN	↑	AMBER	GREEN	Decrease at PRH of 0.6 days and an increase at RSH of 0.2 days	M
		Reduce total number of surgical pre-operative bed days per month	DoS	GREEN	↑	GREEN	GREEN	Decrease of 68 bed days at PRH and a decrease of 50 bed days at RSH	M
		Non Elective - To achieve upper 20th percentile performance within five years from 2009	DoS	AMBER	=	AMBER	AMBER	Decreased by 0.1 days at PRH and decreased by 0.3 days at RSH	M
	Daycases	Maintain a daycase rate above 78%	DoS	GREEN	=	GREEN	GREEN	Decreased to 78.3% during December	M
	Outpatient Utilisation	% of patients booked in the capacity available (CO2.4)	FD	GREEN	=	GREEN	GREEN	Overall DNA rate in December was 7.80%, representing an increase from last month	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 91.8% 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	↓	GREEN	AMBER	Validated absence level 0.6% 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	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	DoS	RED	=	RED	AMBER	Subject to the completion of ambitious plans for restructure/reconfiguration, a revised trajectory for the Trust's FT application was submitted by the Chairman to the DH in November	M

# Theatre Utilisation

Target (2010/11)		Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary
Theatre Utilisation	% Utilisation of funded theatre sessions.	DoS	AMBER	=	AMBER	GREEN	Overall theatre performance remains constant but revised action plan should improve performance

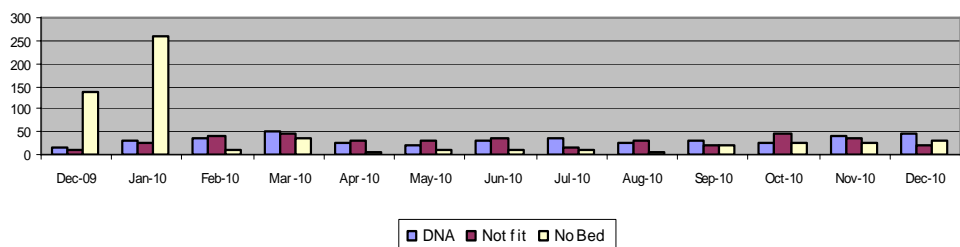
Theatre Utilisation at PRH & RSH (December 2009 - December 2010)



## Theatre Utilisation:

- Theatre Utilisation for PRH in December was 68% and in RSH 70% which is a reduction at both sites 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.
- Overall this is an increase on last year's position, especially at RSH which was at 65%. This is a result of the impact of the Trust's Escalation Policy.

Number of Theatre Non Attenders by Three Most Frequent Reasons (December 2009 - December 2010)



## 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.

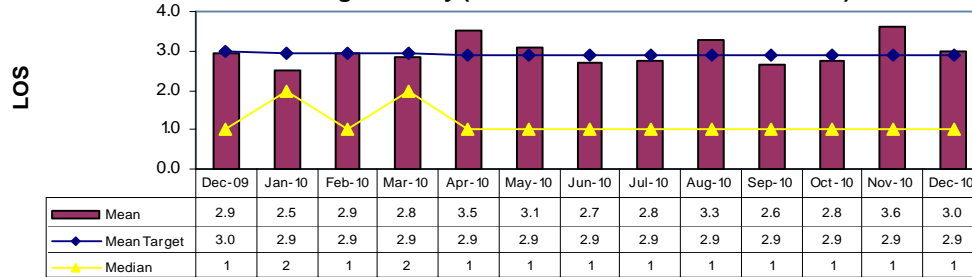
## Actions:

- Report findings to Clinical Leads and Divisional General Managers.
- Agree an action plan with above to deliver improved results.
- Benchmark data.
- 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.

# Elective Length of Stay (LOS)

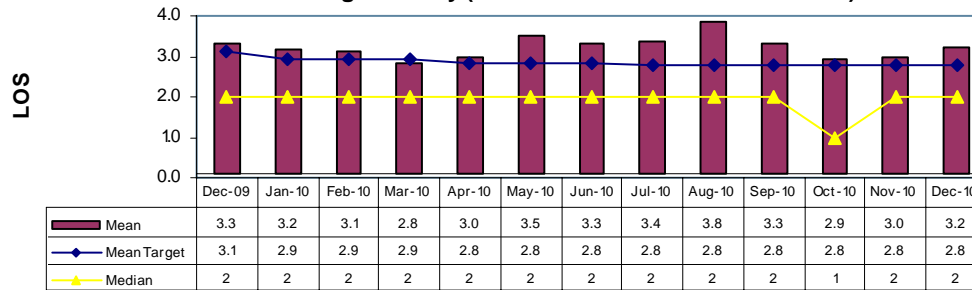
Target (2010/11)	Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary
Length of Stay (LOS) – Elective To achieve upper 20th percentile performance within five years from 2009	DoS	GREEN	↑	AMBER	GREEN	Decrease at PRH of 0.6 days and an increase at RSH of 0.2 days

PRH - Elective Length of Stay (December 2009 - December 2010)



- PRH Elective LOS  
Decreased by 0.6 days between November and December.  
The median elective length of stay remained at 1 day during December.

RSH - Elective Length of Stay (December 2009 - December 2010)



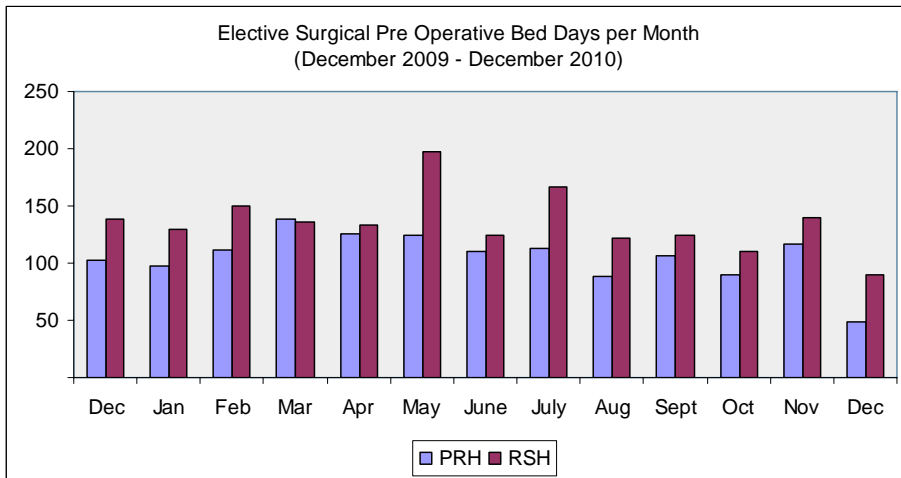
- RSH Elective LOS  
Increased by 0.2 days between November and December.  
The median length of stay increased to 2 days during December.

## Actions:

- Increase usage of Surgical Admission Suite at RSH. Capital work to expand the Surgical Admission Suite and pre-operative assessment areas completed January 11th 2011, which will enable more elective surgical patients to be admitted on the day of surgery.
- 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 surgical pre-operative bed days per month	DoS	GREEN	↑	GREEN	GREEN	Decrease of 68 bed days at PRH and a decrease of 50 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 68 from November and decreased by 50 at RSH.
- The median number of elective surgical pre-operative bed days per month over the last 12 months at PRH is 111 and 135 at RSH.

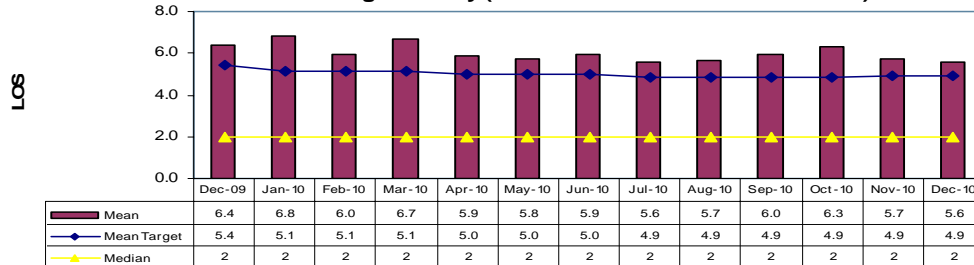
## Actions:

- 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.
- Increase day of surgery admission for elective Orthopaedic 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 within five years from 2009	DoS	AMBER	=	AMBER	AMBER	Decreased by 0.1 days at PRH and decreased by 0.3 days at RSH

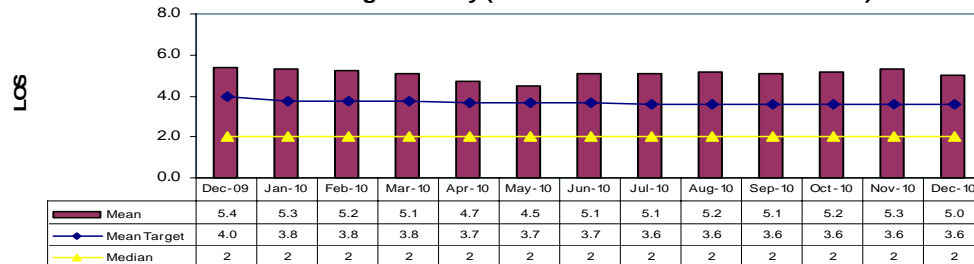
PRH - Non Elective Length of Stay (December 2009 - December 2010)



• PRH Non Elective LOS

Decreased by 0.1 days between November and December.  
The median length of stay remained at 2 days during December.

RSH - Non Elective Length of Stay (December 2009 - December 2010)



• RSH Non Elective LOS

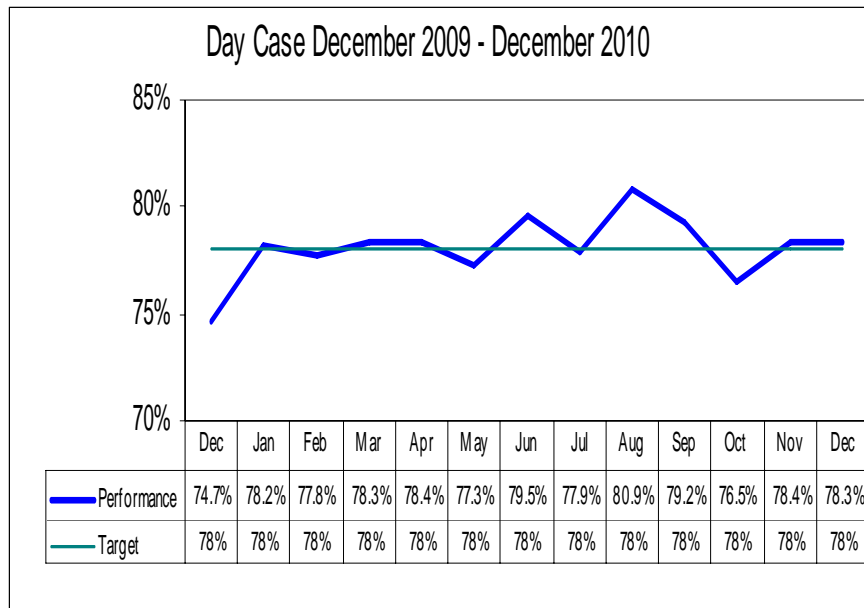
Decreased by 0.3 days between November and December.  
The median length of stay remained at 2 days during December.

Actions:

- Continue monthly 'Joint Discharge' Transformation Team meetings with local health & social economy staff focussing upon significant areas of delay for patients with continuing healthcare needs.
- New model of Consultant Working commenced December 2010 at RSH. Review impact of the change.
- Live 'visual' SQL reporting for admissions, discharges and Discharge Lounge utilisation available via intranet to all SATH staff.
- Confirm Clinical Lead for unscheduled care to enable improved flow management within the local health economy.

# Daycases

Target (2010/11)		Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary
Daycases	Maintain a daycase rate above 78%	DoS	GREEN	=	GREEN	GREEN	Decreased to 78.3% during December



- This key performance indicator measures the percentage of daycase procedures as a total of all elective procedures.
- Daycase rate for December decreased by 0.1% to 78.3%.

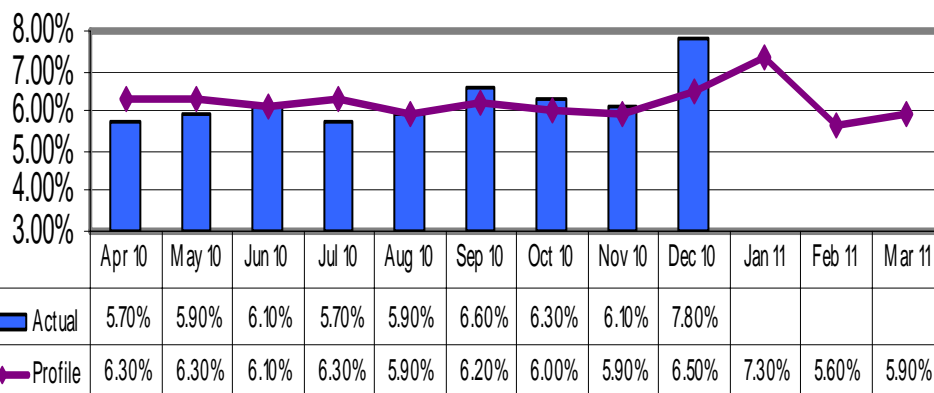
## Actions:

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

# 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	Overall DNA rate in December was 7.80%, representing an increase from last month

2010/11 OP DNA Rate Compared with 2009/10



- In December, the total OP attendances were 48,165 (19,1928 new and 28,237 follow-up). This represents a drop in attendances of 7,854 compared with November.
- The Scheduling Team were asked to book an additional 35 OP clinics in December, 15 at PRH and 20 at RSH arranged at short notice in order to meet national standards.
- Recorded total DNAs in December were 3,761 (7.80%), an increase of 1.7% compared with November. Whilst the increase in DNA rate is in line with 2009/10, it was higher this year and the adverse weather conditions may have had an impact.
- DNA rate in Ophthalmology was 10.75 % for new appointments and 10.18 % for follow-up and in T&O, 8.03% for new appointments and 11.60 % for follow-up (increase in both specialties from November).
- SQL reports were to be made available in December, which are providing additional information for OP clinic bookings. The data is currently being validated.

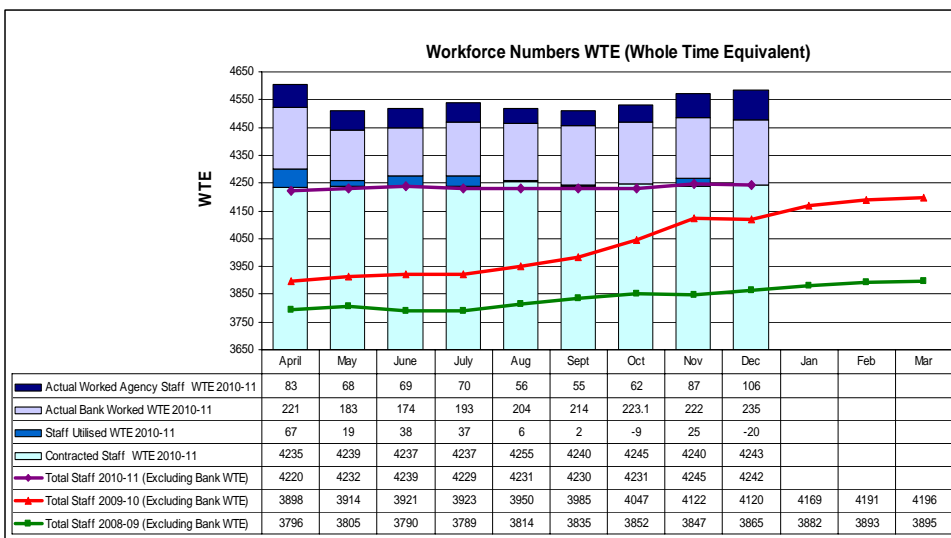
**Actions:**

- DNA rate for December will be analysed further to assist with contingency planning.



# Workforce Numbers

Target (2010/11)	Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary
Workforce Numbers All staff Whole Time Equivalent (WTE) employed on permanent & fixed contracts	DCRM	RED	=	RED	RED	Currently 91.8% of establishment. The target is to reach at least 96% of establishment AND to remain within budget



### Thresholds Descriptions:

**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

- 4,242 WTE substantive staff, end of December 2010; decrease of 3 since end November (ESR).
- 91.8% of monthly budgeted establishment; 92.8% YTD average of monthly budgeted establishment.
- The contracted figure is 4,243 WTE.
- The budgeted establishment for December was 4,619 WTE (£14.361M). The chart illustrates total workforce for December from all sources was 4,564 WTE (£16.025M) - met through the use of permanent staff, overtime, bank and agency staff.
- Areas of highest use of agency (by cost): Medical Staff Ophthalmology – RSH (£100,045), Escalation Paediatrics – RSH (£58,284), Medical Staff A&E – RSH (£54,955), Medical Staff General Medicine – RSH (£46,742).
- Total Agency spend: £0.756M.
- Agency use by WTE:

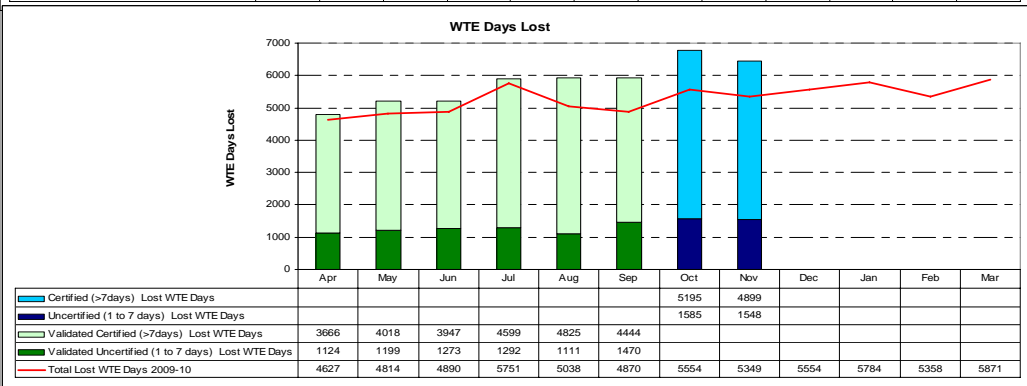
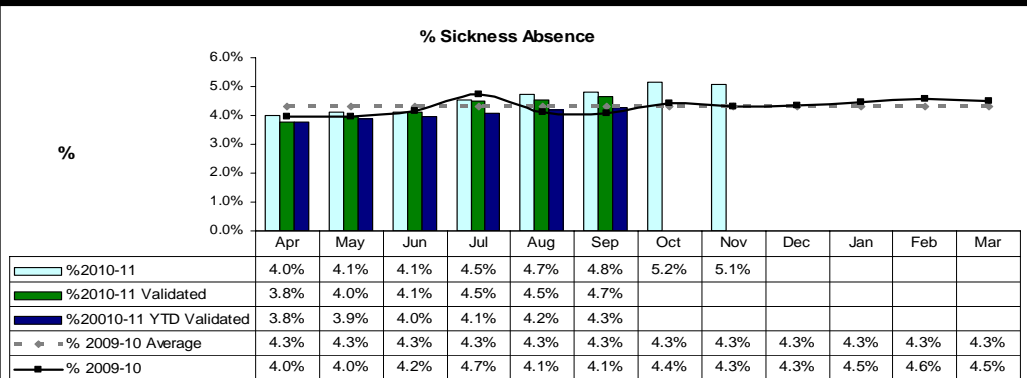
	Medics	Nursing	Other
October	38	13	11
November	44	32	11
December	50	42	13

### 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 developed.
- The use of Bank and Agency staff is continuously reviewed on a weekly basis by the Line-Managers and relevant executive.

# Sickness

Target (2010/11)		Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary
Sickness	% Sickness Absence and WTE Days Lost	DCRM	AMBER	↓	GREEN	AMBER	Validated absence level 0.6% 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 0.6% higher than for same month last year. Year to date validated level is the same as last year's average.
- Benchmarking data provided by the West Midlands for September 2010 showed SaTH to be 16<sup>th</sup> lowest 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 September 2010 is 4.3%.
- 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 September, based on WTE Days lost.

Area	Absence Rate	WTE Lost	Main Absence Reason
Domestic Services Dept (RSH)	13.80%	251	Musculoskeletal
Theatres Dept (RSH)	6.55%	173	Musculoskeletal
Ward 25 – General Surgery	12.19%	167	Not Known
Ward 22 – Cohort	12.88%	153	Not Known
Ward 9 – General Medicine	27.54%	152	Not Known

## Actions:

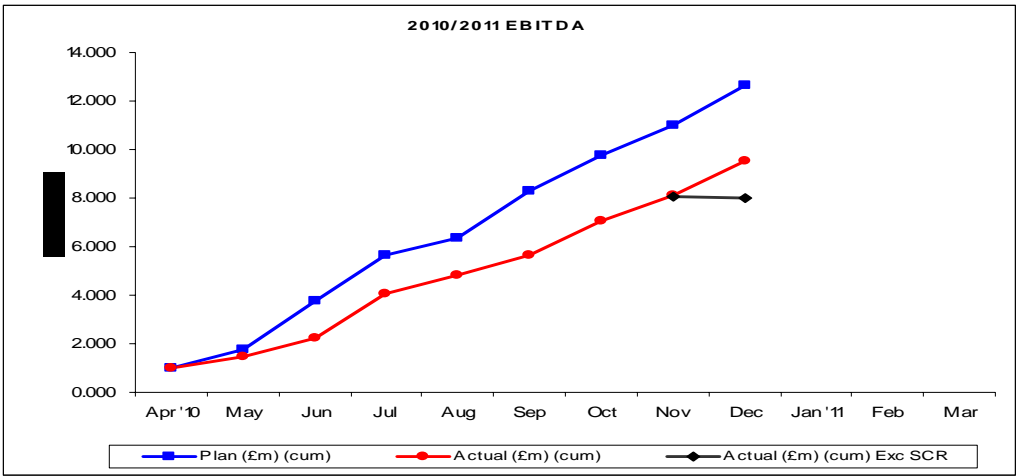
- Sickness absence levels have been gradually increasing throughout the year despite intensive management of individual cases.
- There is a proposed new draft Management Sickness Absence policy, which is currently subject to consultation with staff-side representatives.

# 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	4.7%	2
EBITDA, % achieved	75.4%	3
ROA	2.8%	2
I&E surplus margin	-0.3%	2
Liquid ratio	7.9	1
<b>Weighted Average</b>		<b>2</b>

- Month 9 EBITDA £1.363m (Plan £1.631m): **shortfall to plan £0.268m.**
- Cumulative EBITDA £9.540m (Plan £12.649m): **shortfall to plan £3.109m.**
- EBITDA excluding support: negative £0.137m in month (£7.990m YTD).
- Month 9 I&E Trading **Deficit** £1.391m (Plan Surplus £503k) **shortfall £1.894m.**
- SHA support of £3.5m for 2010/11 confirmed.
- After adjusting for appropriate element of support Month 8 **surplus** is £109k.
- Cumulative **Deficit** £0.698m (Plan Surplus £2.474m): **shortfall to plan £3.172m.**
- Unfavourable Emergency Threshold adjustment £0.638m in Month 8 (£2.332m cumulative).
- Pay overspend £1.666m (£6.981m cumulative).
- Pay spend Month 9 £16.025m including £0.5m reconfiguration costs provision.
- Agency spend Month 8 £0.756m (Months 1 to 8 average £0.616m).
- 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	Q3 Performance	Q3 Weighting	<ul style="list-style-type: none"> <li>Foundation Trusts are required to report performance against the governance risk rating to Monitor on a quarterly basis.</li> <li>Each target is given a weighted score and the total assessed against the following thresholds:                             <ul style="list-style-type: none"> <li>- 0 - 0.9 Green</li> <li>- 1 - 1.9 Amber-Green</li> <li>- 2 - 2.9 Amber-Red</li> <li>- 3 or above Red</li> </ul> </li> <li>For consistency a Monitor rating of either Amber-Green or Amber-Red will map to a SaTH RAG status of Amber.</li> <li>As the rating applied increases there is an associated increase in the level of reporting, actions plans and potential Monitor intervention that is mandated.</li> <li>If SaTH were submitting Q3 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.</li> <li>Slide reported quarterly in line with Monitor requirements</li> </ul>
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	20	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			80.00%		
from Consultant Screening Service Referral				90			93.00%		
Acute Targets - Minimum Standards									
All Cancers 31 day wait from diagnosis to first treatment (6)				96	0.5	Quarterly	94.71%	0.5	
Cancer: two week wait from referral to date first seen (7), comprising either:					0.5	Quarterly		0	
All Cancers				93			96.34%		
for Symptomatic Breast Patients				93			95.36%		
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		
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		
<b>Total Score</b>								<b>3</b>	
<b>Monitor Governance Risk Rating Score Q2</b>								<b>Red</b>	

## Actions:

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

# Foundation Trust Status

Target (2010/11)		Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary
Foundation Trust Status	To achieve NHS Foundation Trust status in 2011	DoS	RED	=	RED	AMBER	Subject to the completion of ambitious plans for restructure/reconfiguration, a revised trajectory for the Trust's FT application was submitted by the Chairman to the DH in November

## Monitor Compliance Framework

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 metric 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; and 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)

Finance



Governance



The Chairman has written to the Department of Health confirming that the Trust Board intends to achieve FT status by December 2013. In support of this aspiration, a programme of work has been detailed in order that the Trust can fulfil the compliance requirements of to the independent regulator, Monitor.

The SHA is assessing the Trust's proposed FT trajectory, and preparedness for Foundation Trust status. In December 2010, the SHA's Director of Performance and Provider Development wrote to the CE, setting out the next steps in the process to become a Foundation Trust, asking for:

- a declaration relating to the quality and safety of the organisation;
- a self assessment of Board capacity and capability to manage the organisation through to FT; *and*
- the submission of the latest draft Long Term Financial Model.

Responses are being led by the Executive Team, and submissions will be made to the SHA by 31 January 2011. The three assessments will be used to guide any support needed which will be included in the proposed contract between the Trust, the Department of Health and the SHA to be signed by the end of March 2011. The contract will cover the arrangements, support required, final form and milestones for the organisation to achieve FT status.

### Actions:

- Monitor is consulting on amendments to the Compliance Framework for 2011/12. The Director of Compliance and Risk Management will collate an organisational response if necessary. Comments are invited by 31 January 2011.