

# INTEGRATED PERFORMANCE REPORT for period ending 31<sup>st</sup> January 2011

## Performance

<b>EXECUTIVE RESPONSIBLE</b>	Tina Cookson <b>Chief Operating Officer</b>	<b>KEY FACTS</b>	<ul style="list-style-type: none"> <li>Daycase rate increased in January.</li> <li>Elective Length of Stay increased at PRH and RSH.</li> <li>Non elective Length of Stay increased at both sites.</li> <li>The number of staff employed was 4,253 WTE at the end of January.</li> <li>Validated sickness absence rate for October was 4.8%.</li> </ul>
<b>AUTHOR (if different from above)</b>	Paul Hodson <b>Head of Contracts &amp; Performance</b> Pete Gordon <b>Head of Continuous Improvement</b> William Wraith <b>Head of Human Resources</b> Tony Brown <b>Assistant Director Financial Performance</b>		
<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>EXECUTIVE SUMMARY</b>	This paper reports current performance against a number of KPIs for the period up to the end of January 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.	<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>

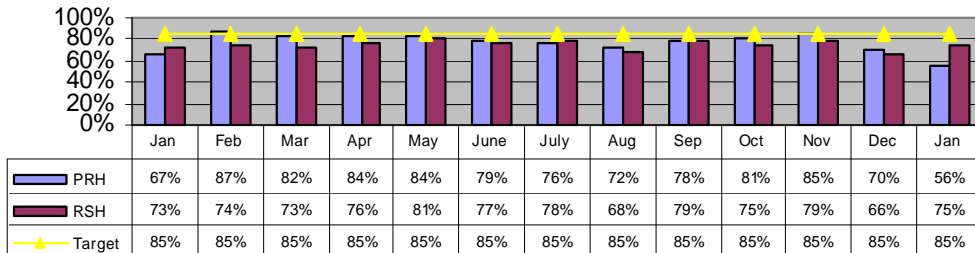
# Integrated Performance Report: Delivery (CO2, CO3 & CO4) Foundations (CO5 & CO6)

Target (2010/11)		Executive Lead	Monthly Performance	Direction of Travel	Year to Date	Forecast	Commentary	Frequency	
Increasing productivity and encouraging innovation	<b>Theatre Utilisation</b>	% Utilisation of funded theatre sessions	COO	AMBER	=	AMBER	AMBER	Overall theatre performance remains constant but revised action plan should improve performance	M
	<b>Length of Stay (LOS)</b>	Elective - To achieve upper 20th percentile performance within five years from 2009	COO	AMBER	=	AMBER	AMBER	Increase at PRH of 0.3 days and an increase at RSH of 0.1 days	M
		Reduce total number of elective surgical pre-operative bed days per month	COO	GREEN	=	GREEN	GREEN	Decrease of 28 bed days at PRH and a decrease of 78 bed days at RSH	M
		Non Elective - To achieve upper 20th percentile performance within five years from 2009	COO	RED	=	RED	RED	Increased by 0.2 days at PRH and increased by 0.3 days at RSH	M
	<b>Daycases</b>	Maintain a daycase rate above 78%	COO	GREEN	=	GREEN	GREEN	Increased to 81.6% during January	M
	<b>Outpatient Utilisation</b>	% of patients booked in the capacity available (CO2.4)	FD	GREEN	=	GREEN	GREEN	Overall DNA rate in January was 6.2%, representing a significant improvement from last month	M
Supporting and developing our workforce in a learning organisation	<b>Workforce Numbers</b>	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
	<b>Sickness</b>	% Sickness Absence and WTE Days Lost	DCRM	AMBER	=	GREEN	AMBER	Validated absence level 0.4% higher than this month last year	M
Ensuring a clinically viable & financially sustainable organisation	<b>Financial Risk Rating</b>	Maintain Monitor Governance Risk Rating at Amber or above	FD	RED	=	RED	RED	Risk Score = 2 (Below target)	M
	<b>Governance Risk Rating</b>	Assess performance against Monitor Governance Risk	COO	RED	=	RED	RED	Monitor Governance Risk Rating of Red	Q
Achieving NHS Foundation Trust status	<b>Foundation Trust Status</b>	To achieve NHS Foundation Trust status in 2011	DCRM	RED	=	RED	AMBER	Plans for achieving FT status in 2013 have now been presented to the SHA	M

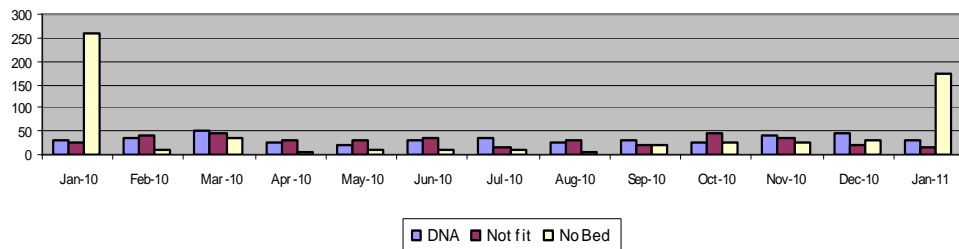
# Theatre Utilisation

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

Theatre Utilisation at PRH & RSH January 2010 - January 2011



Number of Theatre Non Attenders by Three Most Frequent Reasons Between January 2010 - January 2011



## Theatre Utilisation:

- Theatre utilisation for PRH in January was 56% and RSH 75% which is a reduction at PRH of 14% and an increase at RSH of 9% 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 and a slight increase at RSH. This is a result of the impact of the Trust's Escalation policy.

## 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 Waiting List Initiative.

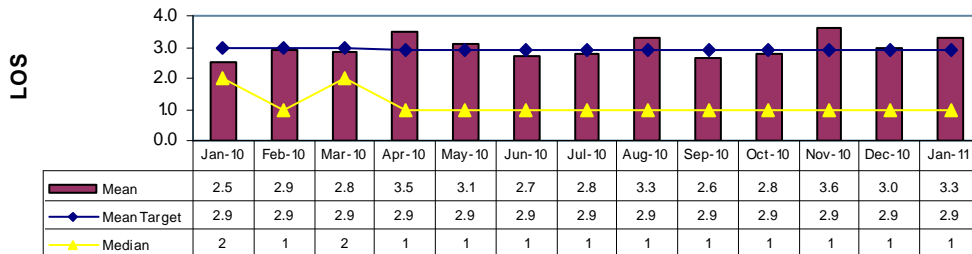
## Actions:

- 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.
- Review on whether closed sessions should be included in utilisation figure. Session closed 4 weeks in advance and not staffed.

# 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	COO	AMBER	=	AMBER	AMBER	Increase at PRH of 0.3 days and an increase at RSH of 0.1 days

PRH - Elective Length of Stay January 2010 - January 2011

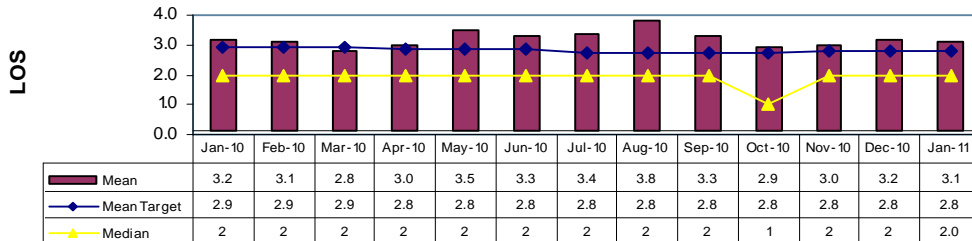


• **PRH Elective LOS**

Increased by 0.3 days between December and January.

The median elective length of stay remained at 1 day during January.

RSH - Elective Length of Stay January 2010 - January 2011



• **RSH Elective LOS**

Increased by 0.1 days between December and January.

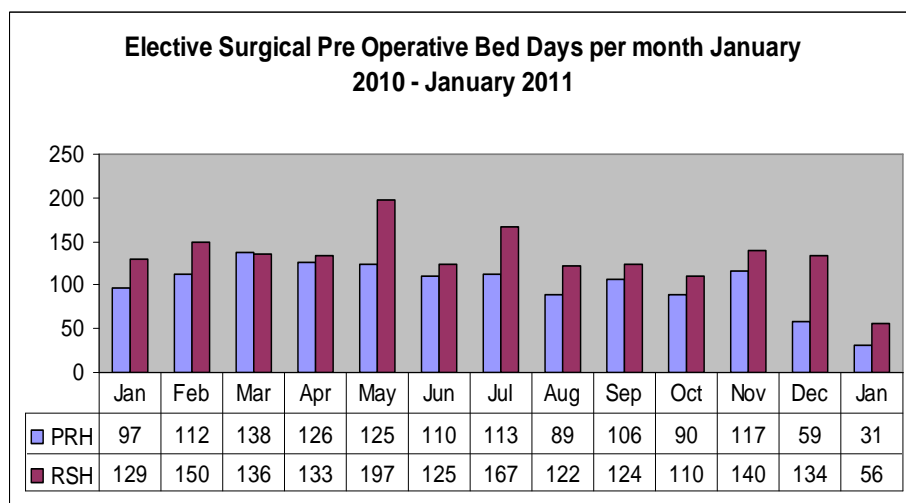
The median length of stay increased to 2 days during January

**Actions:**

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

# 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	COO	GREEN	=	GREEN	GREEN	Decrease of 28 bed days at PRH and a decrease of 78 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 28 from December and decreased by 78 at RSH.
- The median number of elective surgical pre-operative bed days per month over the last 12 months at PRH is 111 and 133 at RSH.

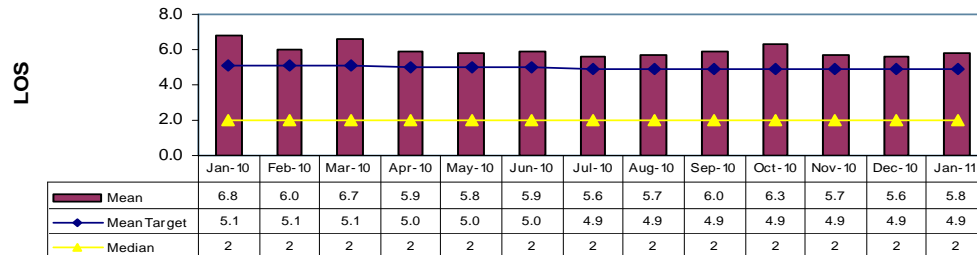
## Actions:

- 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	COO	RED	=	RED	RED	Increased by 0.2 days at PRH and increased by 0.3 days at RSH

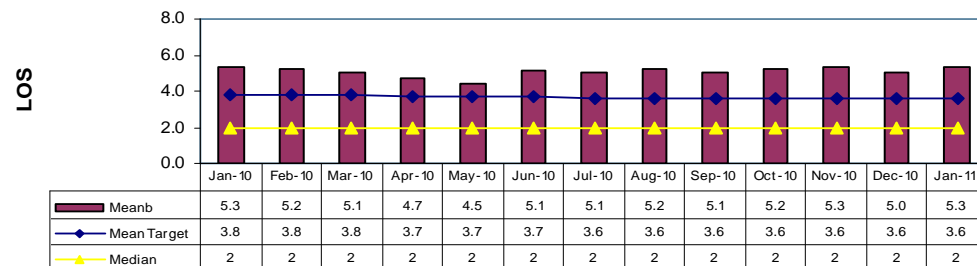
PRH - Non Elective Length of Stay January 2010 - January 2011



• PRH Non Elective LOS

Increased by 0.2 days between December and January.  
The median Length of Stay remained at 2 days during January.

RSH - Non Elective Length of Stay January 2010 - January 2011



• RSH Non Elective LOS

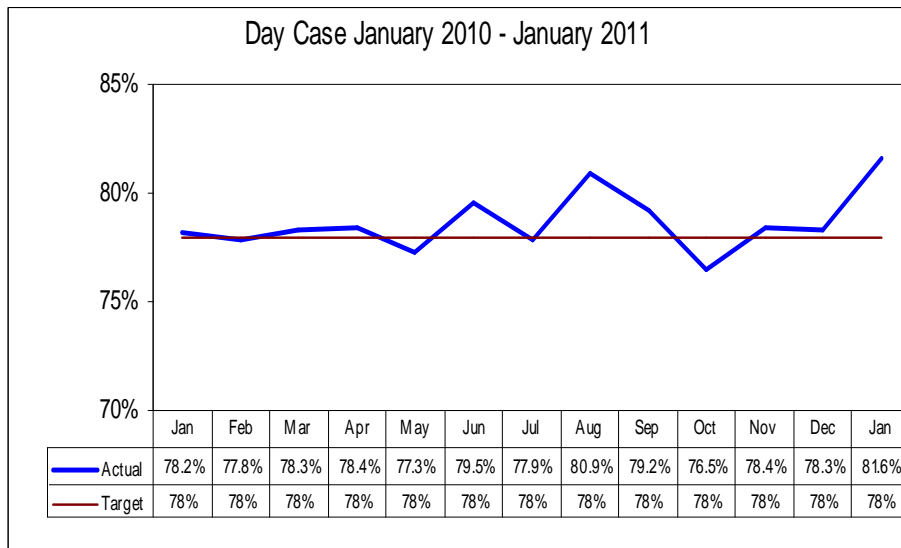
Increased by 0.3 days between December and January.  
The median Length of Stay remained at 2 days during January.

**Actions:**

- Increase frequency (every 2 weeks) of 'Joint Discharge Transformation Team meetings' with local health & social economy staff focussing upon significant areas of delay for patients with continuing healthcare needs.
- Review impact of new model of Consultant Working (commenced December 2010 at RSH).
- Launch SQL Delayed Transfer of Care reports to key stakeholders within local health & social economy.
- Review Non Elective Length of Stay target.

# Daycases

Target (2010/11)		Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary
Daycases	Maintain a daycase rate above 78%	COO	GREEN	=	GREEN	GREEN	Increased to 81.6% during January



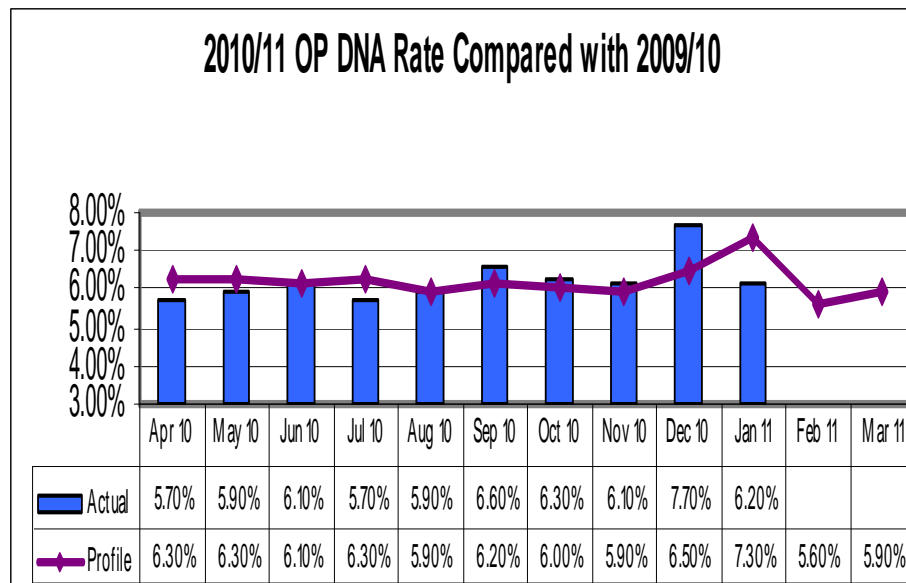
- This key performance indicator measures the percentage of daycase procedures as a total of all elective procedures.
- Daycase rate for January increased by 3.3% to 81.6%.

## 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
<b>Outpatient Utilisation</b>	% of patients booked in the capacity available (CO2.4)	FD	<b>GREEN</b>	=	<b>GREEN</b>	<b>GREEN</b>	Overall DNA rate in January was 6.2%, representing a significant improvement from last month



- In January, the total OP attendances were 53,158 (18,769 new and 34,389 follow-up), similar to September/October activity levels.
- The Scheduling Team booked an additional 53 OP clinics in January, 16 at PRH and 37 at RSH arranged at short notice in order to meet agreed quality standards.
- Recorded total DNAs in January were 6.2%, a significant improvement compared with December and also January 2010. However the DNA rate at PRH on 11<sup>th</sup> January was abnormally high (20%), particularly in follow-up patients. This was not apparent at RSH, where the DNA rate on the same day was 7.1%, similar to the DNA rate in Jan. 2010.
- Immediate action was taken from 12<sup>th</sup> January to contact patients by telephone, with a corresponding improvement in attendance for the remainder of the month.
- Preliminary findings from the root cause analysis indicate a range of causative factors. The completed analysis and risk assessment will be available within the next week.

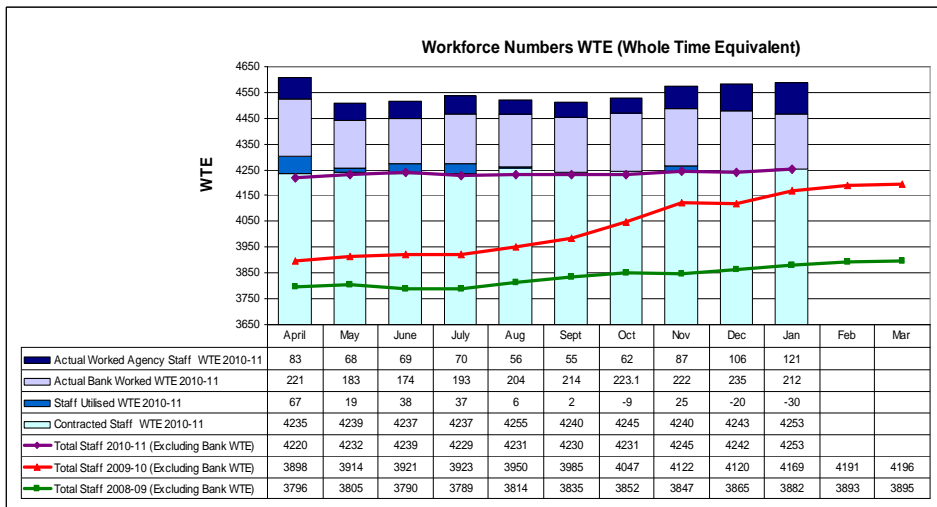
## Actions:

- Complete root cause analysis, risk assessment and implement contingency plan.



# 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

- 4,253 WTE substantive staff, end of January 2011; increase of 12 since end December (ESR).
- 91.8% of monthly budgeted establishment; 92.7% YTD average of monthly budgeted establishment.
- The contracted figure is 4,253 WTE.
- The budgeted establishment for December was 4,635 WTE (£14.426M). The chart illustrates total workforce for December from all sources was 4,556 WTE (£15.897M) - met through the use of permanent staff, overtime, bank and agency staff.
- Areas of highest use of agency (by cost): Medical Staff Ophthalmology – RSH (£88,008), Medical Staff Anaesthetics – RSH (£71,781), Medical Staff General Medicine – PRH (£71,119), Medical Staff Accident & Emergency – RSH (£54,666).
- Total Agency spend: £0.952M.
- Agency use by WTE:

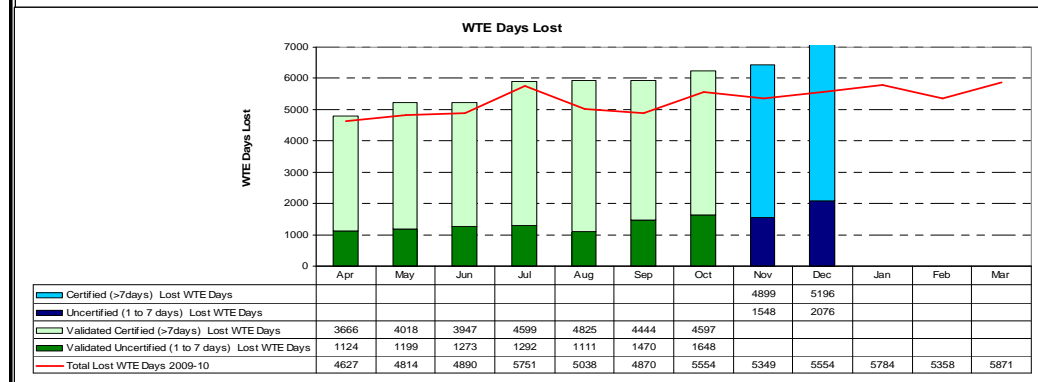
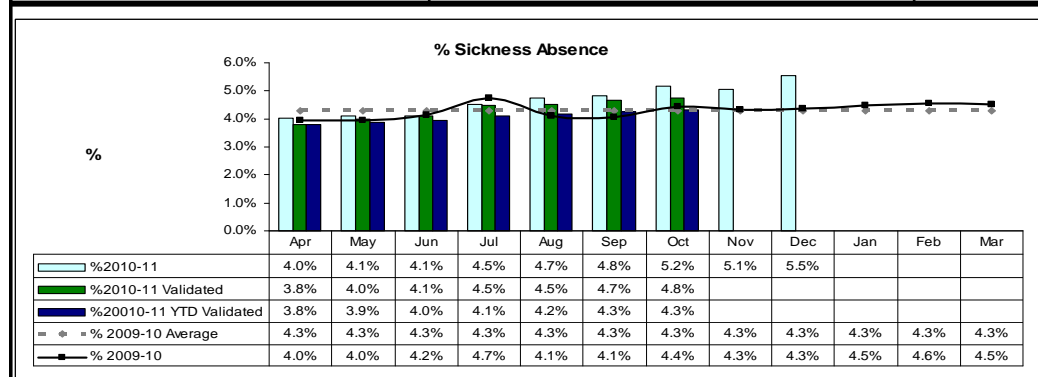
	Medics	Nursing	Other
Nov.	44	32	11
Dec.	50	42	13
Jan.	52	53	16

### 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 (2010/11)		Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary
<b>Sickness</b>	% Sickness Absence and WTE Days Lost	DCRM	<b>AMBER</b>	=	<b>GREEN</b>	<b>AMBER</b>	Validated absence level 0.4% 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 0.4% 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 October 2010 showed SaTH to be 17<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 October 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 October, based on WTE Days lost.

Area	Absence Rate	WTE Days Lost	Main Absence Reason
Domestic Services Department (RSH)	7.30%	160	Musculo-skeletal Back
Ward 25 – General Surgery	11.64%	151	Musculo-skeletal Back
Portering Department (PRH)	14.60%	150	Stress/Anxiety
Portering Department (RSH)	10.43%	147	Stress/Anxiety
ITU/HDU (RSH)	10.00%	147	Musculo-skeletal Back

## 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.

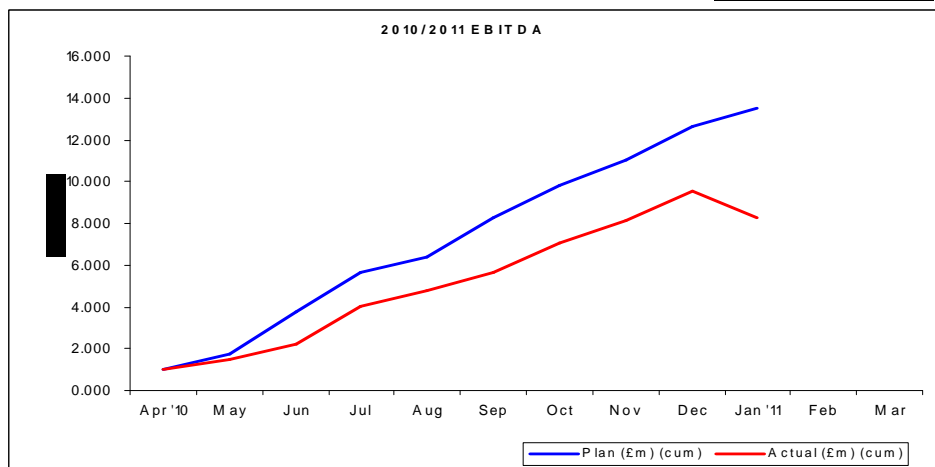
# Financial Risk Rating

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	3.7%	2
EBITDA, % achieved	61.1%	3
ROA	0.7%	2
I&E surplus margin	-1.4%	2
Liquid ratio	8.2	1

### Weighted Average

**2**



- Month 10 EBITDA £1.448m (Plan £0.842m): **excess to plan £0.606m.**
- Cumulative EBITDA £10.988m (Plan £13.491m): **shortfall to plan £2.503m.**
- EBITDA excluding support: £0.248m in month (£8.238m YTD).
- Month 10 I&E Trading **Deficit** £0.882m (Plan Deficit £0.286m) **shortfall £0.596m.**
- SHA support of £3.5m for 2010/11 confirmed with additional amount under discussion and yet to be finalised.
- After adjusting for appropriate element of support Month 10 **surplus** is £0.318m.
- Cumulative **Deficit** £0.380m (Plan Surplus £2.188m): **shortfall to plan £2.568m.**
- Unfavourable Emergency Threshold adjustment £0.903m in Month 10 (£3.235m cumulative).
- Pay overspend £1.471m (£8.449m cumulative).
- Pay spend Month 10 £15.897m
- Agency spend Month 10 £0.952m (Months 1 to 9 average £0.631m).
- 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.

# Foundation Trust Status

Target (2010/11)		Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary
<b>Foundation Trust Status</b>	To achieve NHS Foundation Trust status in 2011	DCRM	RED	=	RED	AMBER	Plans for achieving FT status in 2013 have now been presented to the SHA

## 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 Trust plans to achieve Foundation Trust (FT) status in 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. FT leads from SaTH will meet with the SHA during late February/early March 2011 and pending full support, a 'tripartite agreement' between the SHA, DH and SaTH to move towards the FT authorisation will be finalised by 31 March 2011.
- The FT Self Assessment has been completed, which included 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 LTFM. This will have a formal response from the SHA but initial feedback has recognised the open and honest assessments. The Chairman and CE will undertake a review of the Trust's Constitution during early Spring 2011.

### Actions:

- FT leads from SaTH will meet with the SHA during late February/early March 2011 and pending full support, a 'tripartite agreement' between the SHA, DH and SaTH.
- Full-time FT Project Manager recruitment during March.