

**TRUST BOARD**  
**16<sup>th</sup> December 2010**

<b>TITLE</b>	<b>Balanced Scorecard</b>
<b>EXECUTIVE SUMMARY</b>	This paper reports on progress against the Trust's four key strategic objectives.
<b>BOARD ASSURANCE (Risk) / IMPLICATIONS</b>	Provides assurance that progress is being made against the Trust's four strategic objectives.
<b>STAKEHOLDER / PATIENT IMPACT AND VIEWS</b>	Not relevant.
<b>EQUALITY AND DIVERSITY ISSUES</b>	Covered in workforce section.
<b>LEGAL ISSUES</b>	None to note.
<b>The Trust Board is asked to:</b>	Note the report.
<b>Submitted by:</b>	Valerie Howell, Deputy Chief Executive Raj Bhamber, Director of Workforce & Organisational Development John Headley, Director of Finance and Information
<b>Date:</b>	15 <sup>th</sup> December 2010
<b>Decision:</b>	For                      Noting

**Ashford & St Peter's Hospitals NHS Trust**  
**BALANCED SCORECARD**

Position as at: **30 Nov 2010**

**1. To achieve the highest possible quality standards for our patients, exceeding their expectations, in terms of outcome, safety and experience.**

Patient Safety & Quality	Annual Target	Forecast	Actual	Change			YTD
1-01 Standardised mortality (Relative Risk)*	82	82	88**	▲	▼	▲	85.8**
1-02 Crude mortality	2.6%	1.5%	1.7%	▲	▲	▼	1.5%
1-03 MRSA (Hospital only)	5	5	0	◀▶	◀▶	◀▶	5
1-04 C.Diff	67	44	3	▲	▲	▼	27
1-05 Patient Satisfaction (Your Feedback)	90%	90%	76.9%	▲	▲	▼	76.8%
1-06 Formal complaints	361	348	32	▼	◀▶	▼	233
1-07 SUIs	14	16	3	▼	▼	◀▶	12
1-08 Falls - resulting in significant injury (grade 3)	29	20	1	▼	▼	▲	12
1-09 Hip fractures treated within 36 hrs	85%****	85.0%	93.5%	▲	▼	▲	75.0%
1-10 Readmissions within 14 days	3.7%	3.5%	3.4%	▼	▼	▲	3.4%
1-11 VTE Assessment*****	90%	90%	71.2%	▲	▲	▼	79.7%
1-12 Summated Adverse Report Index (SARI)	1924	1885	127	▼	▼	▲	1207

**3. To deliver the Trust's clinical strategy; redefining our market position to better meet the needs of patients and commissioners, and increasing market penetration.**

Clinical Strategy	Annual Target	Forecast	Actual	Change			YTD
3-01 Decrease Emergency Admissions (to 08/09 baseline)	23,077	25,904	2,221	▼	▼	▼	17,404
3-02 GP Referrals - increase elective activity	98,833	97,866	7,859	▲	▼	▼	64,154
3-03 Overall Market Share Surrey PCT*	>26%	26%	26%***	◀▶	▼	▲	26%***
3-04 Local Market Share - Woking & W Byfleet*	>75%	74%	71.7%***	▼	◀▶	▼	73.8%***
3-05 Local Market Share - Feltham & Bedfont*	>30%	28%	27.4%***	▼	▼	▲	27.2%***
3-06 Local Market Share - Hounslow*	>9%	8%	8.1%***	▲	▼	▲	8.4%***
3-07 Local Market Share - Mid Surrey (inc. Cobham)*	>1.5%	2.0%	1.7%***	◀▶	▲	▼	1.9%***
3-08 % Day Surgery undertaken at Ashford	70.0%	70.0%	69.1%	▲	▼	▼	66.1%
3-09 % OP undertaken at Ashford	34.5%	34.2%	33.6%	▼	▲	▲	33.0%
3-10 % OP undertaken outside Trust	7.0%	6.5%	6.1%	▲	▲	▼	6.1%
3-11 Bed reductions against bed model	454	454	440	◀▶	▲	▼	440

\* Source data from Dr Foster

\*\* Actual = Sep 2010 YTD =Apr-Sep 2010/11

\*\*\* Actual = Sep 2010/11 YTD =Apr-Sep 2010/11

\*\*\*\*Q3 = 85%

\*\*\*\*\* Based on wards where full VTE data is available

Delivering or exceeding Target	Green	Improvement Month on Month	▲
Underachieving Target	Yellow	Month in Line with Last Month	◀▶
Failing Target	Red	Deterioration Month on Month	▼

**2. To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust.**

Workforce	Annual Target	Forecast	Actual	Last Month	Change		
2-01 Establishment (WTE)	3270	3270	3290	3290	▲	▼	◀▶
2-02 Vacancies (WTE)	<10%	<10%	8.4%	8.9%	▲	▲	▲
2-03 Agency Staff use (WTE)	45	45	28	24	▲	▼	▼
2-04 Bank staff use (WTE)	300	300	233	282	▲	◀▶	▲
2-05 Staff turnover rate	<13%	<13%	12.8%	12.8%	▲	◀▶	◀▶
2-06 Stability	>87%	>87%	91.2%	88.7%	▲	▼	▲
2-07 Sickness absence	<3.5%	<3.5%	3.27%	3.38%	▼	▼	▼
2-08 Staff Appraisals	95.0%	95.0%	88.5%	92.0%	▲	▲	▲
2-09 Consultants WTE:bed ratio	<0.36:1	0.35:1	0.36:1	0.36:1	◀▶	◀▶	◀▶
2-10 Nurses WTE:bed ratio	<1.99:1	1.95:1	1.92:1	1.93:1	◀▶	◀▶	◀▶
2-11 Staff satisfaction	>3	>3	7	7	◀▶	◀▶	◀▶
2-12 Staff in leadership programmes	600	600	456	427	▲	▲	▲

**4. To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework.**

Finance & Efficiency	Annual Target	Forecast	YTD Plan	YTD Actual
4-01 Monitor financial risk rating	4	0	4	4
4-02 Total income excluding interest (£000)	£219,061	£224,492	£146,258	£149,824
4-03 EBITDA actual (£000)	£18,578	£16,831	£12,958	£11,907
4-04 I&E net surplus (£000)	£3,300	£3,300	£2,772	£2,886
4-05 CIP Savings achieved (£000)	£9,000	£9,009	£5,399	£5,402
4-06 Month end cash balance (£000)	£8,500	£12,128	£12,198	£13,681
4-07 Capital resource limit (£000)	£10,965	£10,965	£6,429	£3,316
4-08 Pay cost (% of income)	61.9%	62.8%	61.7%	62.5%
4-09 Average LOS Elective	2.95	3.09	2.95	3.02
4-10 Average LOS Emergency	4.8	4.80	4.80	4.79
4-11 Outpatients Did Not Attend	8.8%	9.5%	8.8%	10.5%
4-12 Outpatients New:Follow up Ratio	2.0	1.7	2.0	1.7
4-13 Day Case Rate (whole Trust)	81.4%	84.2%	81.4%	82.2%
4-14 Theatre Utilisation	85.0%	85%	85%	83%

**Commentary on Patient Safety & Quality**

Mike Baxter, Medical Director

1-01 The SMR and crude mortality rate remain unchanged. A detailed analysis of the September mortality data is discussed in the Quality report. There are no areas of concern highlighted.

1-02 The Trust has recorded 3 cases of hospital acquired C.Diff. These have been in complex patients with multiple antibiotic therapies. The patients were rapidly isolated and the infection contained. The Trust performance remains good against target. There have been no MRSA cases, this now marks 130 days without a case.

1-03 The patient satisfaction data is presented in more detail in the ward metrics.

1-04 The number of complaints has increased from 27 to 32. There is a trend of an increase in the number of complaints over the last 3 months. A review of themes has been undertaken.

1-05 There were 3 SUI which have been discussed elsewhere in the Board papers. It is worth noting that all SUI investigations are following the new procedure which includes early contact with patients and families involved in SUI investigations.

1-06 The number of significant, grade 3 falls remains low with only 1 event this month.

1-07 Patients with fractured Hips operated on within 36 hrs have shown a marked improvement in Nov with a 93.5% completion rate compared with 81% last month.

1-08 14 day readmission remains on target. The more important work on 30 day readmission is proceeding and the board will receive an update at the next meeting.

1-09 VTE assessment has shown a dip in performance. This is reflective of the roll out to wards who have been now adopted the IPL system of recording compliance. The Trust manual audit confirms performance of over 85%. There has recently been a national directive on group exclusions. It is still anticipated that the Trust will record 100% compliance with the VTE initiative.

1-10 SARI measure shows a reduction from 138 to 127. This marks 11 less adverse outcomes in the Trust in November compared to October.

**Commentary on Workforce**

Raj Bhamber, Director of Workforce and Organisational Development

2-01/02 The Trust's establishment as at the end of November has remained at 3290 whole-time equivalents, the same as the previous month. The year-end target for establishment is 3270 based on re-modelling of the long-term financial model. The reduction to achieve the target is being identified through CIPs and this will be tracked to ensure establishment figures reflect posts given up as savings. Vacancy levels remain on target, showing a decrease of 0.5% to 8.4%. The number of staff in post increased by 19 WTE from last month with 11 new starters and recruitment of bank staff to substantive posts. The number of staff substantively employed by the Trust stands at 3015 WTE.

2-03/04 The overall level of agency medical and nursing agency usage increased in November by 4 WTE to 28 WTE. This month saw an increase in agency usage, whilst bank usage decreased to 233 WTE (last month 24 WTE agency staff and 282 WTE bank staff utilised). Despite the increase this sustains the significant reduction in agency staff utilised per month since the peak in June of 76 WTE, and is within the target.

Analysis indicates that medical agency usage accounted for 17.45 WTE and nursing & midwifery agency usage increased to 10.32 WTE. Each of the divisions using medical agency has put forward their plans indicating reason for use, duration and plan to reduce the usage. This action plan is being monitored through TEC and Divisional Performance Review meetings.

2-05/06 Stability (percentage of the workforce with more than one year's service) has risen 91.2% this month, the highest level seen this financial year, and remains above target. Turnover (number of leavers during previous 12 months expressed as percentage of the workforce) has remained unchanged at 12.8%, the same as the previous month and falls within the target level. There were 22 leavers in November.

2-07 There has been a slight decrease in the sickness absence rate from 3.38% to 3.27% for September to October, remaining within the target level (sickness absence is reported one month in arrears to ensure data is fully recorded). Absence due to infections has increased, however absence due to musculo-skeletal and physiological reasons has decreased resulting in an overall improvement.

2-08 The number of staff recorded on ESR as having participated in an appraisal during the last year has decreased to 88.5% at the end of November. Early indications are that this reduction is due to appraisals not being recorded on ESR. This is being addressed as a priority by Executive Directors and managers are being supported by HR Business Partners. Whilst this is an overall decrease there has been an improvement in medical appraisals, which are now at 93% with only 18 doctors outstanding. This is an important focus for the Trust to ensure readiness for medical revalidation and dates are scheduled for the remaining appraisals to take place. The Workforce & OD team are providing regular reports to directorates to ensure that this work maintains a high focus, and that managers are notified via ESR of appraisals becoming due. The Trust continues to reinforce the critical impact of appraisal on mortality and patient experience.

2-09/10 Consultant and non-career grade doctors per bed, and nurses per bed reflect the inter-relationship between the Trust's bed modelling and workforce plans and are key indicators of the co-ordination that will be required as both are implemented in tandem. The ratio for medical staff has remained constant since the introduction of this measure at 0.35-0.36 per bed despite reductions. The ratio for qualified nursing has decreased since last month.

2-11 This measure tracks the key staff survey indicators where the Trust benchmarks within the top quartile of all acute hospitals in England. The increase to 7 such indicators, as reported last month, remains unchanged. This increase was based on results from the mid-year local survey of all of our staff analysed against the results and benchmarks of the most recent national survey. The fieldwork for the current national survey commenced in September and runs until early December. The Trust's return rate in early December was 69.8%, which means we already have an exceptional representation of views across the organisation. This is the highest response rate of all Trust's that are contracted with the Picker Institute for administration of the staff survey.

2-12 The Ashford & St Peter's Good to Great programme enjoyed a very successful Dragon's Den Innovation and Invest to Save event on 29th November with eminent panel members including Val Gooding who was awarded an OBE for her contribution to industry in 2002. All the presentations from the teams were well received by the panel, with 5 out of the 7 receiving funding on the day to implement their projects and the remaining bids receiving advice from the Dragons on how to improve their business plans. The Road to Success programme was launched this month and will provide a focus on leadership development for Black & Minority Ethnic staff in bands 5&6 to support them to progress their careers with the aim of addressing under-representation of BME staff at band 6 and above.

**Commentary on Clinical Strategy**

Valerie Howell, Deputy Chief Executive

**3-01** Similar position in November as per the previous two months with the Trust over-performing on this measure by roughly 250 admissions a month. The emergency team and finance are working on a local tariff for the new AAU. Once agreed with NHS Surrey a proportion of activity currently recorded as 'admitted' can be reclassified as AAU (non-admitted).

**3-02** GP referrals have remained fairly constant over the past three months, around 8,000. Joint working with the three local PBC consortia continues to gather momentum. Orthopaedics working with the PIMS (Woking) cluster started on 6th Dec. Dermatology and SASSE are looking to commencing joint community based clinics in early Jan 2011, as are Ophthalmology joint working with the Thames Medical cluster.

**3-03 - 3-07** This data is now being reported monthly. Market share for the GP's in the Feltham and Hounslow areas continues its gradual decline, now 5% and 2% respectively, below the market share in 2009/10. Analysis by specialty, at individual GP practice level, has been completed which highlighted the practices to prioritise. Practice visits by clinical leads are in the process of being organised. Market share in Woking remains static, although a slight dip in the latest month (Sept). Cobham is gradually increasing and should finish the year ahead of target.

**3-08** A 1% dip in November from the previous month has brought the performance down to just below the target of 70%. On a specialty level Ophthalmology reported 92% in November, Urology 89% and Orthopaedics 80%.

**3-09/10** Outpatient work undertaken at Ashford gained a further 1% in November and is now ahead of trajectory and marginally (0.3%) below the year end target of 34.5%. Outpatient work undertaken outside the Trust remains static at 6%. New dermatology and urology services have recently started at Cobham which will improve this figure and further opportunities for outreach clinics are being explored.

**3-11** Bed reductions remain on track and are currently ahead of the target trajectory. Bed numbers have fluctuated throughout the year due to the refurbishment work carried out to achieve the Eliminating Mixed Sex Accommodation initiative. It is recommended a review of the year end forecast is carried out for next month's report.

**Commentary on Finance and Efficiency**

John Headley, Director of Finance and Information

**4-01** FRR continues to show a score of 4, as planned.

**4-04** Surplus continues slightly ahead of target. At month 8 the Trust has delivered £2.9m of the planned £3.3m surplus for 2010/11. The main positive factor is depreciation savings - however, it should be noted that 5 out of the 7 Divisions are currently overspending against budgets.

The main risks to the forecast are:

- NHS Surrey contract income
- Costs of additional 'winter pressures' capacity

**4-02** EBITDA at £11.9m is £1.1m behind plan. This is due to the impact of the non elective cap plus a prudent view of PCT income. At surplus level these factors are offset by savings in depreciation.

**4-06** The cash position is strong, with cash balances of £13.7m. This is higher than plan, mainly due to delays in the capital programme.

**4-07** Capital spend at £3.3m is £3.1m less than planned. However a number of major schemes are expected to increase the rate of spend in the final months of the year.