Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
24th June 2010

TITLE	**Balanced Scorecard**
EXECUTIVE SUMMARY	This paper reports on progress against the Trust's four key strategic objectives.
BOARD ASSURANCE (Risk) / IMPLICATIONS	Provides assurance that progress is being made against the Trust's four strategic objectives.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Not relevant.
EQUALITY AND DIVERSITY ISSUES	Covered in workforce section.
LEGAL ISSUES	None to note.
The Trust Board is asked to:	Note the report.
Submitted by:	VH/JH/RB/PB
Date:	16st June 2010
Decision:	For Noting

Ashford & St Peter's Hospitals NHS Trust
BALANCED SCORECARD

Position as at: 31 May 2010

Delivering or exceeding Target		Improvement Month on Month	▲
Underachieving Target		Month in Line with Last Month	◄►
Failing Target		Deterioration Month on Month	▼

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	80	65**	▼	▲	▲	78**
1-02	Crude mortality	2.6%	2.7%	2.8%	▲	▼	▼	2.5%
1-03	MRSA (Hospital only)	5		2	▼	▼	◄►	4
1-04	C.Diff	90	50	3	▼	▼	◄►	6
1-05	Patient Satisfaction	100%	97.7%	97.8%	▲	▼	▲	97.4%
1-06	Formal complaints	361	365	30	▲	▲	▲	62
1-07	SUIs	14	16	1	▲	▼	▲	3
1-08	Falls - resulting in significant injury (grade 3)	29	27	1	▼	▲	◄►	2
1-09	Hip fractures treated within 36 hrs	85%	65.9%	61.9%	▲	▲	◄►	61.9%
1-10	Readmissions within 14 days	2.6%	2.6%	2.3%	▲	◄►	▼	2.1%
1-11	VTE Assessment	90.0%	N/A	68.0%	Based on sample audit			
1-12	Summated Adverse Report Index (SARI)	tbc		231			▲	558

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)	3261	3261	3304	3304	▼	▲	◄►
2-02	Vacancies (WTE)	<10%	<10%	9.6%	10.0%	▼	▼	▲
2-03	Agency Staff use (WTE)	45	45	64	54	NEW		▼
2-04	Bank staff use (WTE)	300	300	252	262	NEW		▼
2-05	Staff turnover rate	<13%	<13%	12.5%	13.0%	▲	◄►	▲
2-06	Stability	>87%	>87%	90.0%	87.7%	▲	▼	▲
2-07	Sickness absence	<3.5%	<3.5%	3.3%	3.5%	▲	▼	▲
2-08	Staff Appraisals	95.0%	95.0%	73.6%	72.2%	▲	▲	▲
2-09	Consultants WTE:bed ratio	<0.36:1	0.35:1	0.36:1	0.36:1	NEW		◄►
2-10	Nurses WTE:bed ratio	<1.99:1	1.95:1	1.99:1	1.99:1	NEW		◄►
2-11	Staff satisfaction	>3	>3	3	3	NEW		◄►
2-12	Staff in leadership programmes	600	600	127	119	NEW		▲

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	26,125	2,151	▲	▼	▲	4,361
3-02	GP Referrals - increase elective activity	98,833	98,833	8,009	▲	▼	▲	16,010
3-03	Overall Market Share Surrey PCT*	>26%	26%	26%***	▲	◄►	◄►	26%***
3-04	Local Market Share - Woking & W Byfleet*	>75%	75%	74.1%***	▼	▲	▲	74.6%***
3-05	Local Market Share - Feltham & Bedfont*	>30%	29%	27.5%***	▲	▼	▼	30.3%***
3-06	Local Market Share - Hounslow*	>9%	9%	8.5%***	▼	▼	▲	8.6%***
3-07	Local Market Share - Mid Surrey (inc. Cobham)*	>1.5%	1.5%	1.6%***	▲	▲	▼	1.4%***
3-08	% Day Cases undertaken at Ashford	52.0%	51.2%	48.9%	▲	▲	▼	49.3%
3-09	% OP undertaken at Ashford	34.5%	31.4%	29.0%	▼	▲	▼	29.3%
3-10	% OP undertaken outside Trust	7.0%	7.0%	5.5%	▼	▲	▼	5.8%
3-11	Bed reductions against bed model	426	426	453	▲	◄►	▲	453

* Source data from Dr Foster

** Actual = March 2010 YTD =2009/10

*** Actual = Q4 2009/10 YTD = 2009/10

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	4	2	2
4-02	Total income excluding interest (£000)	£219,071	£219,071	£35,198	£36,311
4-03	EBITDA actual (£000)	£18,578	£18,578	£2,041	£2,344
4-04	I&E net surplus (£000)	£3,300	£3,300	-£505	-£215
4-05	CIP Savings achieved (£000)	£9,000	£9,000	£961	£843
4-06	Month end cash balance (£000)	£8,500	£8,500	£6,918	£10,653
4-07	Capital resource limit (£000)	£13,965	£13,965	£609	£401
4-08	Pay cost (% of income)	61.9%	61.9%	64.2%	64.1%
4-09	Average LOS Elective	2.95	2.95	2.89	2.88
4-10	Average LOS Emergency	4.8	4.8	4.86	4.87
4-11	Outpatients Did Not Attend	8.8%	8.8%	10.0%	10.3%
4-12	Outpatients New:Follow up Ratio	2.0	2.0	2.0	1.6
4-13	Day Case Rate (whole Trust)	81.4%	81.4%	81.4%	82.1%
4-14	Theatre Utilisation	85.0%	85%	85%	83%

Commentary on Patient Safety & Quality

Included with Quality Report.

Mike Baxter, Medical Director.

Commentary on Workforce - *Raj Bhamber, Director of Workforce and Organisational Development*

2-01/02 The Trust's establishment as at the end of month 2 remained unchanged at 3304. The Trust has set a target establishment WTE value of 3261 to be achieved by the end of the current year (March 2011). This is 2% lower than the year-end figure for 2010/11 and will be achieved through implementation of agreed cost improvement programmes put forward by directorates. There was a slight reduction in number of vacancies compared with April; this is mainly attributable to a higher number of nurses and midwives in employment compared to the previous month and there is a corresponding vacancy rate reduction of more than 1% for this particular staff group. The Trust benchmarks favourably with London overall vacancy rate, which is 11.9%.

2-03/04 Temporary staff usage is now monitored by WTE and this is included in the workforce balanced scorecard as two new indicators for 2010/11. The May WTE figure for combined bank and agency usage was the same as that for April – 316 wte, which is below the target of 345 wte. However, this was again skewed towards agency where usage was 18% higher than last month. Anaesthetics, Emergency Services, General Surgery and Medicine all booked a higher number of agency staff than in April. Analysis of reasons for temporary staffing requests shows that the current usage is a consequence of the unusually high levels of emergency attendances and an increase in requirement for 'specialling'.

2-05/06 Both stability and turnover improved in May compared with the preceding month, and are clearly within internal target levels and also in comparison with the London benchmark turnover figure (14.2%). There were no significant fluctuations for any of the Trust's professional/staff groups when examining respective turnover or stability rates.

2-07 The sickness absence rate is 3.3% which maintains the overall downwards trend since February when the rate was at 4.1%. The current rate is within the target level and continues to mirror the seasonal norm. A calendar of health & wellbeing events for staff will be launched in July as part of the Trust's approach to support staff health at work.

2-08 The number of staff that have participated in an appraisal continues to increase gradually, rising to 73.6% for May. Whilst maintaining the positive trajectory, further progress will be required in order to attain this year's stretch target of 95%. A review is being undertaken of the Trust's consultant appraisal framework in order to make it more focused. A recent audit has shown the consultant appraisal rate to be 83%.

2-09 The Staff Attitude Survey is an important and influential indicator of staff's experience at work and it is the Trust's aim to be one of the best in the country. As such, there is particular interest in benchmarking the organisation against other acute Trusts and monitoring the number of staff survey indicators where we rank in the top quartile. A mid-year, local survey of all of our staff will take place within the next month to continue to monitor various trends of staff attitude/satisfaction.

2-10 100 participants have commenced the Good to Great Programme, with a wide range of staff represented across the Trust. 21 staff are currently going through the Manager's Toolkit and a further number are participating in externally-facilitated programmes. Programmes are currently being refreshed to ensure there is an opportunity for a wider range of staff to access leadership development generally.

2-11/12 Consultant and non-career grade doctors per bed, and nurses per bed are two new metrics which have been added to this year's scorecard. These reflect the inter-relationship between the Trust's bed modelling and workforce plans and will be key indicators of the co-ordination that will be required as both are implemented in tandem. Ratios for both metrics remain unchanged from April and end of year forecasts have been developed.

Commentary on Clinical Strategy-*Valerie Howell ,* Chief Operating *Officer and Clinical Strategy*

3-10 The Trust's aim is to reduce emergency admissions, with projects agreed via the NWS Transformation Board. Actions taken by the Trust, led by principally by Emergency Services and Medicine include Geriatrician ward rounds in Nursing Homes. Activity is higher than plan and will be paid at a marginal rate of 30% over the cap, a cost pressure to the Trust. Schemes are not yet delivering the required reduction to 08/09 levels.

3-02 The Trust is seeking modest growth in elective activity, maintaining referrals from existing catchment and extending catchment in designated areas – Cobham, Woking and Hounslow.

3-03 Market share information is provided quarterly, using Dr Foster. The most recent quarter available is Q4, 2009/10.
The Trust's overall market share for Surrey PCT was maintained at 26% in Q4 and for 09/10 overall, continuing to achieve the same market share as the previous year 08/09.
Royal Surrey County Hospital's market share also remained constant, at 18% for each quarter of 09/10 and for the preceding year 08/09.
The Trust has chosen to monitor three areas at a more detailed level, where the Trust has identified an opportunity to increase market share of elective referrals (Cobham) and regain market share (Woking and Hounslow). These are shown in the indicators below.

3-04 Market share in Woking and West Byfleet had reduced, mainly lost to Royal Surrey but appears to be levelling out. The competitor analysis for Woking and the actions arising have been shared with all directorates. The Trust has developed links with the lead for the Woking PBC clusters' referral management scheme (PIMS) and contributed to their specialty-level pathway developments.

3-05 Feltham and Bedfont – actions to regain market share include strengthening links with local practices, developing outreach clinics for Feltham Health Centre and promoting the use of Ashford Hospital for all Hounslow patients, unless clinically essential to use St Peter's.

3-06 Market share in central Hounslow is historically low – West Middlesex is the main provider. The Trust now has Ophthalmology, Cardiology and Paediatric services in the Heart of Hounslow. Hounslow is tendering community Dermatology; the Trust has submitted an expression of interest.

3-07 Mid Surrey (including Cobham) is outside the Trust's natural catchment. The "waterfall" project offered an opportunity to establish a presence. Planned clinics include ENT (July start), Cardiology (June), Dermatology (August, provisional).
Slightly below trajectory, but work in hand via the Theatre Utilisation group.

3-09 Below trajectory. Cross-directorate out-patient management group will monitor progress.

3-10 Figure recalculated. More detailed metrics being delivered to manage delivery against this target.

3-11 Achieving trajectory target (455) for Month 2.

Commentary on Finance and Efficiency-John Headley, Director of Finance and Information

Year to date I&E surplus (4-04) is £0.3m ahead of target. FRR is just 2 due to the year to date loss of -£0.2m hitting the I&E margin and ROA components of FRR. This is a transient situation at month 2 reflecting the phasing of income based largely on working days, and by month 3 we anticipate that YTD surplus will be positive, enabling FRR to move back to the forecast rating of 4.

The main driver of the positive variance is extra activity although this does not all flow through to income, with a £0.6m income loss to date due to the effect of the non-elective cap.

Three indicators were red rated at month 2:

- CIPs (4-05) were £118k of 12% less than target with shortfalls in T&O, Emergency Services and Anaesthetics. These have been and will continue to be reviewed and challenged at Performance Meetings. Whilst some schemes have robust recovery plans, action plans are being put in place to accelerate delivery of some of the £2.5m schemes identified but not budgeted in 2010/11 to make good any shortfall.
- Capital spend (4-07) is less than planned, but at this point we do not anticipate any major risks of not delivering the capital programme.
- Outpatients DNA (4-11) continues in excess of the demanding target set for the year. As explained last month, the EQUIP programme is pusuing some initiatives to reduce DNA's.