

TRUST BOARD
24th November 2011

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:	Raj Bhamber, Director of Workforce & Organisational Development John Headley, Director of Finance and Information Mike Baxter, Medical Director
Date:	17th November 2011
Decision:	For Noting

BALANCED SCORECARD

Position as at: **31 Oct 2011**

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.

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

	Patient Safety & Quality	Outturn 10/11	Annual Target 11/12	Annual Forecast 11/12	Oct Actual	Performance			YTD 11/12
						Aug	Sep	Oct	
1-01	Standardised mortality (Relative Risk)*	90.7*	82	90	85.7	▲	▲	▼	97.9*
1-02	Crude mortality	1.60%	1.60%	1.55%	1.48%	▲	▲	▼	1.53%
1-03	MRSA (Hospital only)	5	4	4	0	▼	◀▶	▲	2
1-04	C.Diff (Hospital only)	36	33	29	2	▼	▲	▼	14
1-05	Mortality from C.Diff (Hospital Acquired)	10.3%	6.3%	9.0%	11.1%	▼	▲	◀▶	15.9%
1-06	Mortality from VTE	0.4%	0.35%	0.30%	0.0%	◀▶	◀▶	◀▶	0.7%
1-07	Mortality from Hip fractures	4.8%	4.6%	6.0%	9.1%	▼	▲	▼	6.1%
1-08	National Patient Survey>Avg responses	! New	>3	Annual measure					
1-09	Patient Satisfaction (NetPromoter Score)			60.0%	57.0%	▼	▼	▲	57.0%
1-10	Formal complaints	360	320	400	50	▼	▼	▼	269
1-11	SUIs	14	14	23	4	◀▶	▲	▼	17
1-12	Falls - resulting in significant injury (grade 3)	16	14	13	1	◀▶	▲	◀▶	6
1-13	Hip fractures treated within 36 hrs	93.0%	85%	96%	100.0%	▼	▲	◀▶	95.0%
1-14	Summated Adverse Report Index (SARI)	1,799	1,552	1672	146	▲	▼	▼	957
1-15	Average Bed Occupancy-Actual beds	94%	94%	96%	98%	▼	▲	▼	97%
1-16	Average Bed Occupancy-Planned beds				105%			New	

	Workforce	Outturn 10/11	Annual Target 11/12	Annual Forecast 11/12	Oct Actual	Performance			YTD 11/12
						Aug	Sep	Oct	
2-01	Establishment (WTE)	3295	3228	3252	3261	▲	▲	▲	3261
2-02	Establishment growth (WTE)	! New	44	51	0	◀▶	◀▶	◀▶	51
2-03	CIPs WTE reduction	! New	111	101	10	▲	▲	▲	90
2-04	CIPs Pay Reduction from WTE	! New	£3,157k	£2,860	£248,905	▲	▲	▼	£1366k
2-05	Vacancies (WTE)	8.8%	<10%	<10%	9.7%	▼	▼	▲	9.7%
2-06	Agency Staff use (WTE)	44	<40	<40	27	▲	▼	▲	0
2-07	Bank staff use (WTE)	290	<305	<305	252	▲	▲	▼	0
2-08	Staff turnover rate	12.7%	<12%	<12%	13.5%	▼	▼	▲	13.5%
2-09	Stability	89.6%	>88	>88	89.1%	▼	▲	▼	89.1%
2-10	Sickness absence	2.9%	<3.25%	<3.25%	3.00%	▲	▲	▼	2.88%
2-11	Staff Appraisals	92.0%	100%	100%	89.5%	▲	▼	▲	89.5%
2-12	Consultants WTE:bed ratio	0.35:1	<0.39:1	<0.38:1	0.44:1	▼	▲	▼	0.44:1
2-13	Nurses WTE:bed ratio	1.95:1	<1.99:1	<1.99:1	1.99:1	▲	▲	▲	1.99:1
2-14	Staff Satisfaction	>50% top 20	>50% top 20	>50% top 20	50%	◀▶	◀▶	◀▶	50%
2-15	Staff in leadership programmes	! New	600	600	23	▲	▲	▲	347
2-16	EQUIP Trained	46	250	100	9	◀▶	▲	▲	55
2-17	Statutory and Mandatory Staff Training	! New	TBC	85%	46%	NEW	▲	▲	46%

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.

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

	Clinical Strategy	Outturn 10/11	Annual Target 11/12	Annual Forecast 11/12	Oct Actual	Performance			YTD 11/12
						Aug	Sep	Oct	
3-01	Decrease Emergency Admissions (to 08/09 baseline)	25,678	23,077	23,054	1,785	▼	▲	▲	13,202
3-02	GP Referrals - increase elective activity	92,523	98,833	95,000	7,216	▼	▲	▼	52,247
3-03	% Day Surgery undertaken at Ashford	67.4%	70.0%	68.0%	63.9%	▼	▼	▼	66.3%
3-04	% OP undertaken at Ashford	33.0%	34.5%	34.1%	31.4%	▲	▲	▼	31.1%
3-05	% OP undertaken outside Trust	6.0%	7.0%	6.0%	5.9%	▼	▲	▼	6.0%
3-08	Readmissions within 30 days - Elective***	3.1%	0.6%	3.0%	2.7%	▼	◀▶	▲	2.9%
3-09	Readmissions within 30 days - Emergency***	15.0%	11.00%	13.9%	11.6%	▼	▼	▲	14.0%
3-10	Readmissions from Nursing Homes***	5.2%	3.70%	4.9%	5.8%	▼	▲	▼	4.8%
3-11	Overall Market Share Surrey PCT*	26%	>26%	25%	25%**	◀▶	▲	▼	25%
3-12	Local Market Share - Hounslow*	8%	>9%	9%	8%**	▼	◀▶	▲	9.0%
3-13	Local Market Share - Berkshire East*	12%	>12%	12%	11%**	▼	▲	▲	13.0%

	Finance & Efficiency	Outturn 10/11	Annual Target 11/12	Annual Forecast 11/12	Oct Actual	Performance			YTD 11/12
						Aug	Sep	Oct	
4-01	Monitor financial risk rating	4	3	3	3	◀▶	◀▶	◀▶	3
4-02	Total income excluding interest (£000)	£224,559	£219,527	£224,606	£19,115	▲	▲	▲	£129,647
4-03	EBITDA actual (£000)	£16,703	£17,419	£16,027	£1,542	▼	▼	▼	£8,314
4-04	I&E net operational surplus (£000)	£3,314	£2,100	£2,100	£488	▼	▼	▼	£907
4-05	CIP Savings achieved (£000)	£9,014	£12,000	£11,489	£1,399	▼	▼	▼	£6,016
4-06	Month end cash balance (£000)	£18,656	£15,529	£15,529	£16,201	▼	▼	▼	£16,201
4-07	Capital expenditure purchased (£000)	£9,158	£14,066	£13,263	£634	▼	▼	▼	£3,683
4-08	Average LOS Elective	2.95	2.95	3.00	3.60	▼	▲	▼	3.20
4-09	Average LOS NonElective	4.90	4.80	5.00	5.04	▲	▲	▲	5.45
4-10	Outpatients Did Not Attend *	10.6%	9.5%	9.0%	8.2%	▲	▲	▼	9.7%
4-11	Day Case Rate (whole Trust)	82.9%	84%	84.0%	80.4%	◀▶	▼	▲	81.6%
4-12	Theatre Utilisation	86.8%	80.0%	70.0%	71.0%		New	▲	69.0%
4-13	Non-Elective Cap	! New							
4-14	Readmissions penalty	! New							To be confirmed by NHS Surrey

*Source from August Dr Foster

** Actual =August 2011 YTD =August 2011/12

*** Re-Admissions targets have now been changed to:

Elective: 80% reduction on last year

Non-Elective: 25% reduction on last year

Readmissions from Nursing Home: 30% reduction on last year

Trust Balanced Scorecard - October 2011

Commentary on Patient safety and Quality - *Mike Baxter, Medical Director*

1-01/02 The SMR has risen from last month's value of 76.6 to 85. CMR has also shown an increase from 1.36% to 1.48%. This 9% increase in mortality is reflected in a small increase in mortality in all divisions (table 1) but actually reflects a relatively small change in the absolute numbers of events recorded within the Trust (89 vs 83).

Although the data represents an overall good performance, work is underway to improve outcome (reduce mortality) in community acquired pneumonia, hospital acquired pneumonia, COPD and heart failure.

In addition, and in line with recommendations from a national report, the Trust is looking at improving the provision for emergency surgery and a report will be brought to the Board from the Division of Surgery in the New Year.

1-04/05 The Trust has no cases of MRSA, and only 2 cases of hospital acquired C.Diff. The Trust has had no deaths related to hospital acquired C.Diff.

1-07 Mortality for patients receiving hip fracture surgery has increased in month from a nationally low figure of 2.4% to a value of 9.1%. This figure represents 3 deaths in a cohort of 33 patients receiving treatment in October. These individual cases have been reviewed by the division of trauma and orthopaedics (and will be presented at the division's M&M meeting and to the Trust CGC). No concerns have been identified in these cases.

It is worth noting that for the second consecutive month 100% of # NOF were operated on within 36 hrs (**1.13**).

1-15/16 Are data points that relate to bed occupancy. These are important surrogate measures of patient flow, bed capacity and patient experience. It has also been suggested that there is a relationship between bed occupancy and HAI rates.

Line 1-15 shows the bed occupancy rate of the beds in use within the Trust. The current in month figure of 98% reflects a very high occupancy rate and is higher than the target set on the dashboard of 94% (reflecting 10/11 outturn)

1-16 Indicates that the Trust has bed capacity, over and above its core bed stock, currently open. If the patients currently in the Trust were accommodated within the "core bed allocation" the bed occupancy would be 105%. The Trust target, in line with national best practise, would be to have a bed occupancy rate (within the core bed stock) of 85%.

Trust Balanced Scorecard - October 2011

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

2-01/02 At 31 October 2011, the establishment was 3261 WTE. This was a **reduction** of 10.34 WTE posts removed as CIPs in October and 1.90 wte reconciliation adjustments following budget reviews.

2-03/04 90 WTE posts have been removed from the establishment supporting CIPs in the year to date. The financial saving from the WTE linked CIPs was £1,366k year to date.

2-05 The vacancy rate has **decreased** slightly to 9.7% at the end of September, remaining within target for the year to date.

2-06 Agency use **decreased** in October; from 30 to 27 WTE, remaining within the target WTE for the month. Medical Agency usage increased to 14.5 WTE from 13.2 WTE last month. Nursing agency decreased to 7.7 WTE from 10.3 WTE last month. Medical agency usage recorded in Healthroster is being validated against invoices paid.

2-07 Bank usage **increased** this month, remaining within target for the year.

2-08 Turnover (number of leavers during previous 12 months expressed as percentage of the workforce) has **decreased** to 13.5%, remaining above the Trust target of 12% for a third month. Rotations for doctors in training are excluded from this data.

2-09 Stability (percentage of the workforce with more than one year's service) has **decreased** slightly this month, remaining within target for the year.

2-10 The sickness rate for ASPH has **increased** to 3.0%, remaining within the target for 2011/12 of 3.25%. Sickness is reported one month in arrears to ensure full and

2-11 The number of staff recorded as having an appraisal **increased** at the end of October to 89.5%, below the target set for the year of 100%. At the end of October, Medical appraisals were recorded at 82% with 45 doctors outstanding. Action plans are in place by division for staff with outstanding appraisals.

2-12/2-13 In October the ratio of consultants per bed and qualified nurses per bed has **increased** slightly, due to an decrease in bed numbers.

2-14 The National Staff Survey was launched on 3 October 2011. The target response rate is 71% to meet or exceed last year. At the half-way point in the fieldwork, the response rate was 48.2% and represents the highest response rate to date from Trusts using the Picker Institute. Survey results will be published in Spring 2012.

2-15 The report shows that 23 members of staff joined a programme in October, **increasing** the cumulative total to 338 for the year to date.

2-16 The target for Equip Bronze Training has been revised to 100 from 250 and the trajectory for the remainder of the financial year suggests that this will be achieved.

2-17 The mandatory training compliance rate continued to rise steadily, and indicates that recorded compliance has **increased** to 46%.

Trust Balanced Scorecard - October 2011

Commentary on Clinical Strategy - Mike Baxter, Medical Director

The Board is asked to note that in line with last month's discussion there has been a reset of a number of the targets on this dashboard. These new targets now represent nationally set or generally recognised/quoted target values and it was agreed that these should be featured on the Trust dashboard.

3-01 Reports unscheduled activity. The target has been reset at 2008/2009 outturn as this represents the point of imposition of the unscheduled care cap. Current in month performance shows a decrease in admissions and the annual projection is to be within this target (23,054 vs 23,077). This is a very good performance and reflects the Trust's work on readmission, and admission, avoidance.

3-02 Elective activity again shows a small in month decline and an annual projection below target. Although this would represent a 4% under performance on target it would be a 3% growth in activity from 2010/11 out turn.

3-08 The new target of 0.6% for elective-emergency readmissions represents a 90% reduction in these readmissions in year. Although the in month performance is improving there is still much work to be done to deliver this target. Progress is being made on coding and clinical pathways. A weekly performance report is sent to each division as an aid to action and this issue is being discussed at the weekly Divisional Directors meeting. This project is being placed under the PMO office.

3-09/10 The target for Emergency-Emergency readmissions has been set at a 25% in year reduction, while nursing home readmissions has been set at a 30% reduction.

The nursing home readmission rate has shown a small in month rise. Although there is still an overall reduction in admissions there is a need to strengthen and expand this project. The appointment of an additional CoE physician is proceeding. The report on this project has been accepted for publication in a national CoE journal.

Readmission rate within 30 days has seen a 16% reduction in month, if this level of performance could be maintained the Trust would be close to delivering this very demanding national target. The Trust sees this as a major priority and is engaged in discussion with strategic partners to secure support for the initiatives that we have been demonstrated as being effective in delivering this objective.

Trust Balanced Scorecard - October 2011

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

4-01 Financial Risk Rating continues at 3.

4-03 EBITDA of £1.5m was £0.2m adverse to target due to non pay costs, this includes the impact of costs relating to Epsom hospital bid, where the budget is held below the line but costs are accounted for in non pay expenditure.

4-04 Surplus of £488k was £45k behind plan. Year to date surplus at month 7 is £907k. To deliver the forecast surplus of £2.1m requires an additional £1.2m over the remaining 5 months.

4-08/4-09 Non elective length of stay continues at 5.0 days - a reduction on lengths of stay earlier in the year but still 0.2 higher than the target of 4.8 days.

4-10 The improvement in DNA rates is sustained with 8.2% outpatient DNA's in month.

4-11 Day case surgery rates have increased from last month however are just below target at 80.4%.

4-12 Theatre occupancy of 71% was 9% short of the annual target. Theatre utilisation at the Ashford site is lower (65.3%) compared to the St Peter's site (78.9).

	Annual Threshold 11/12	Descriptions	Denominator:	Numerator:	Calculation:
1-01 Standardised mortality (Relative Risk)	82	The HSMR is a standardised measure of hospital mortality devised by Professor Sir Brian Jarman of Imperial College London, and published every year by Dr Foster in the Hospital Guide. It is the observed number of in-hospital spells resulting in death divided by an expected figure, for a basket of 56 diagnoses which represent 80% of hospital mortality in England. Day cases are excluded unless the patient died. The expected figure is derived from a logistic regression model which adjusts for case-mix factors.	Expected number of in-hospital deaths derived from logistic regression, adjusting for factors to indirectly standardise for difference in case-mix for the 56 diagnosis groups. Adjustments are made for: Sex Age on admission (in five year bands up to 90+) Admission method (non-elective or elective) Socio-economic deprivation quintile of the area of residence of the patient (based on the Carstairs Index) Primary diagnosis (based on the Clinical Classification System - CCS group) Co-morbidities (based on Charlson Score) Number of previous emergency admissions Year of discharge (financial year) Palliative care (whether the patient is being treated in speciality of palliative care) Exclude cases Daycases (where classpat = 2 in the first episode)	All spells culminating in death (method of discharge as death (DSMETI=4), defined by specific diagnosis codes for the primary diagnosis of the spell.56 diagnosis groups which contribute to 80% of in-hospital deaths in England.	The ratio of the observed number of in-hospital deaths to the expected number of deaths, multiplied by 100
1-02 Crude mortality (Died in hospital)	1.60%	Showing the percentage of total died in the hospital over total admissions in a given time period.	Total admitted patients in a given time period.	Total deceased patients in the same time period where died in hospital. Discharge Method was 4 on PAS.	Total deceased/Total admitted
1-03 MRSA (Hospital only)	4	Hospital acquired MRSA case i.e. post 48hrs admission.			Count of post 48hrs MRSA case in a given time period.
1-04 C.Diff (Hospital only)	33	Hospital acquired C. Diff case i.e. post 72hrs admission.			Count of post 72hrs C.Diff case in a given time period.
1-05 Mortality from C.Diff (patients with C.Diff who die)	6%	The percentage of the observed number of deaths at a given trust to the number of admissions for a particular C.Diff diagnosis.	Every finished inpatient spell at an acute trust for C.Diff diagnosis, ICD 10 code A047.	Total death of every finished inpatient spell at an acute trust caused by C.Diff diagnosis. Discharge method=4 and diagnosis=A047.	Total C.Diff Deaths/Total C.Diff Admissions
1-06 Mortality from VTE (patients with VTE who die)	0.35%	The percentage of the observed number of deaths at a given trust to the number of admissions for a particular, VTE diagnosis.	Every finished inpatient spell at an acute trust for VTE diagnosis, ICD 10 code I80*, I81*, I82* and I83*.	Total death of every finished inpatient spell at an acute trust caused by VTE diagnosis. Discharge method=4 and diagnosis=I80*, I81*, I82* and I83*.	Total VTE Deaths/Total VTE Admissions
1-07 Mortality from Hip fractures - (patients with Hip Fractures who die)	4.60%	The percentage of the observed number of deaths at a given trust to the number of admissions for a particular, Hip Fractures diagnosis.	Every finished inpatient spell at an acute trust for hip fractures diagnosis, ICD 10 code S72**.	Total death of every finished inpatient spell at an acute trust caused by hip fractures diagnosis. Discharge method=4 and diagnosis=S72**.	Total Hip Fractures Deaths/Total Hip Fractures Admissions
1-08 National Patient Survey (Top 20)	>3				
1-09 Patient Satisfaction (NetPromoter Score)	90%	NPS is based on the fundamental perspective that every company's customers can be divided into three categories: Promoters, Passives and Detractors. By asking one simple question - How likely is it that you would recommend to a friend or colleague? You can track these groups and get a clear measure of your company's performance through its customer's eyes. Currently the NPS is calculated assuming patients that respond 'YES' are promoters, those that respond 'NO' are detractors. The 'Possibly' are passives and therefore removed from the calculation. The band fro Detractors is wide - scoring from 1-6 of the ten possible options. Passives score 7-8 and the Promoters 9-10.	Promoters: Currently the NPS is calculated assuming patients that respond 'YES' are promoters	Detractors: Detractors: those that respond 'NO' are detractor	NetPromoter Score =%Promoters-%Detractors
1-10 Formal complaints	320				Straight count of formal complaints of the month
1-11 SUIs	14				Straight count of Serious Unwanted incident of the month
1-12 Falls - resulting in significant injury (grade 3)	14				Straight count of falls grade 3 and above.
1-13 Hip fractures treated within 36 hrs	85%	The percentage of the Hip fractures patients who were treated within 36hr of admission at the trust to the total number of hip fractures admissions.	Total patients with hip fractures.	Total patients with hip fractures treated within 36 hrs plus delayed patients because medical reasons.	Sum(Total hip fractures admitted patients treated within 36 hrs plus delayed patients for medical reasons)/Sum(Total hip fractures admitted patients)
1-14 Summated Adverse Report Index (SARI)	1552				Sum (Total Deaths in 1-02/03/04/05/06/07; total complaints, total SUIs, total Falls, total breach of Hip fractures not treated within 36hrs)
1-15 Average Bed Occupancy	94%		Count of daily trust beds total.	Count of daily trust occupied beds total	Sum(Count of daily trust occupied beds total)/Sum(Count of daily trust beds total)
1-15-1 Highest Bed Occupancy on any one day					
1-15-2 Median bed occupancy					
1-15-3 95 th percentile bed occupancy					
1-16 Patient Moves	28,566	To analyse patient moves in depth, following facts need to be taken into consideration:			Total count of patients who were transferred from one ward to another
1-16-1 Outliers		Patients are in the inappropriate clinical area/wards i.e. medical patients are in surgical wards.			
1-16-2 Move of outliers		Move patients from inappropriate clinical areas/wards to the appropriate clinical areas/wards.			
1-16-3 Move of patient due to bed/ward closure					
3-01 Decrease Emergency Admissions (to 08/09 baseline)	23,077	08/09 baseline=23,077 10/11 outturn=25,678			Total deceased/Total admitted
3-02 GP Referrals - increase elective activity	98,833	Total number of patient referral records where referral source in 92, 03 and 12 - GP referrals.			
3-03					
3-03 % Day Surgery undertaken at Ashford	70.00%				
3-03-01 % Surgery Daycase (Planned)		To measure the total Daycases (admission method in 11,12 and 13; LOS=0 and intended management=2 and only surgical specialities: Breast Surgery, Colorectal Surgery, ENT, General Surgery, Maxillo-Facial Surgery, Trauma & Orthopaedics, Upper GI Surgery, Urology and Vascular Surgery) at Ashford hospital to the total dayc Daycases ases of the trust.	Total Daycases (admission method in 11,12 and 13; LOS=0 and intended management=2) of surgical specialities: Breast Surgery, Colorectal Surgery, ENT, General Surgery, Maxillo-Facial Surgery, Trauma & Orthopaedics, Upper GI Surgery, Urology and Vascular Surgery.	Total Daycases at Ashford RTK02 (admission method in 11,12 and 13; LOS=0 and intended management=2) of surgical specialities: Breast Surgery, Colorectal Surgery, ENT, General Surgery, Maxillo-Facial Surgery, Trauma & Orthopaedics, Upper GI Surgery, Urology and Vascular Surgery.	

	Annual Threshold 11/12	Descriptions	Denominator:	Numerator:	Calculation:
3-03-02 % Surgery in a day		To measure the total surgical procedures (were carried out at Theatre and LOS=0) at Ashford to the total of surgical procedures (were carried out at Theatre and LOS=0) of the trust.			
3-04 % OP undertaken at Ashford	34.50%		Total Attended outpatient appointments at Ashford RTK02 and St Peter's RTK01	Total Attended outpatient appointments at Ashford RTK02	Total attended OP ASH/Total attended OP ASH and SPH
3-05 % OP undertaken outside Trust	7.00%		Total attended outpatient appointments. All treatment site code inclusive.	Total attended outpatient appointments. Treatment site codes other than RTK01 and RTK02	Total attended OP (treatment site code not in RTK01 and RTK02)/Total attended OP (all treatment site codes)
3-06 Bed profile against bed model		To compare total actual beds to the planned/available beds in a given time period.			
3-07 Average escalation beds opened at SPH			Total days of the month	Daily counts of escalation beds opened at SPH	Sum daily escalation beds opened at SPH/Total days of the month
3-08 Readmissions within 30 days - elective	2.97%	Total number of discharged Elective patients from the unit per month, divided by the number patients from the unit readmitted within 30 days to the same hospital.	Total number of discharged elective spells	Total number of admitted elective spells where admission dates within 30 days of same discharged spells	Total number of admitted elective spells where admission dates within 30 days of same discharged spells/ Total number of discharged elective spells
3-09 Readmissions within 30 days - emergency	<12.00%	Total number of discharged Emergency patients from the unit per month, divided by the number patients from the unit readmitted within 30 days to the same hospital.	Total number of discharged emergency spells	Total number of admitted emergency spells where admission dates within 30 days of same discharged spells	Total number of admitted emergency spells where admission dates within 30 days of same discharged spells/ Total number of discharged emergency spells.
3-10 Readmissions from Nursing Homes	7.02%	Total number of discharged patients (discharged to nursing homes) from the unit per month, divided by the number patients from the nursing homes readmitted within 30 days to the same hospital.	Total readmissions	Total readmissions from Nursing Homes	Total readmissions from Nursing Homes/ Total readmissions
3-10.01 Readmissions from Nursing Homes - Elective		Total number of discharged Elective patients (discharged to nursing homes) from the unit per month, divided by the number patients from the nursing homes readmitted within 30 days to the same hospital.			
3-10.02 Readmissions from Nursing Homes - Emergency		Total number of discharged Emergency patients (discharged to nursing homes) from the unit per month, divided by the number patients from the nursing homes readmitted within 30 days to the same hospital.			
3-11 Overall Market Share Surrey PCT	>26%	This measure includes at ALL practices located with Surrey PCT and ALL speciality codes	Total outpatient appointments.	Total outpatient appointments taking place at the trust, both ASH and SPH.	
3-12 Local Market Share - Hounslow	>9%	This measure includes the 22 practices who make up the Hounslow Central locality of Hounslow PCT and focuses on our 28 core specialities	Total outpatient appointments.	Total outpatient appointments taking place at the trust, both ASH and SPH.	
3-13 Local Market Share - Berkshire East		This measure includes the 9 Berkshire East practices that fall within our catchments (Ascot, Windsor and Datchet) and focuses on our 28 core specialities	Total outpatient appointments.	Total outpatient appointments taking place at the trust, both ASH and SPH.	
Workforce	Annual Threshold 11/12	Descriptions	Denominator:	Numerator:	Calculation:
2-01 Establishment (WTE)	3182	Total number of posts Established in ESR at month end.			
2-02 CIPs WTE reduction	115	Reduction in establishment in ESR at month end (including reduction of posts and growth of posts) as defined in business plans, to show net change			
2-03 CIPs Pay Reduction		Value in £ of net change of establishment			
2-04 Vacancies (WTE)	<10%	Number of vacant posts (WTE) as a percentage of the total establishment (WTE)	Vacant posts (WTE)	Established posts (WTE)	
2-05 Agency Staff use (WTE)	<40	WTE of agency staff used in organisation in the month.			Hours worked by agency staff / full time month hours for each staff group
2-06 Bank staff use (WTE)	<305	WTE of bank staff used in organisation in the month.			Hours worked by bank staff / full time month hours for each staff group
2-07 Staff turnover rate	<12%	The number of leavers in last 12 months as a percentage of the average number of staff in post over the year, excluding doctors in training. As defined by NHS ic	Number of leavers in last 12 months (headcount)	Average number of staff in post (headcount) over last 12 months	
2-08 Stability	>90	The number of staff with one or more year's service as a percentage of total number of staff exactly one year earlier. As defined by NHS ic	Number of staff (headcount) with one or more than 1 year's service	Number of staff in post (headcount) one year ago.	
2-09 Sickness absence	<3.25%	Number of hours recorded as sickness in the month, as a percentage of the available working hours in that month	Number of hours recorded as sickness	Number of available working hours (excluding other leave such as annual leave, study leave, jury service, suspension etc)	
2-10 Staff Appraisals	100.00%	Number of staff with appraisal completed in last 13 months as percentage of staff eligible to participate in appraisal	Number of staff with appraisal completed in last 13 months (headcount)	Number of staff (headcount) excluding new starters in first 6 months, staff on long-term sickness, maternity leave, career break, suspension, other performance arrangement	
2-11 Consultants WTE:bed ratio	<036:1				
2-12 Nurses WTE:bed ratio	<1.99:1				
2-13 Staff Satisfaction	>50% top 20				
2-14 Staff in leadership programmes	600	Number of staff (headcount) participating in leadership programmes, counted as a cumulative figure during the financial year.			
2-15 EQUIP Trained	250	Number of staff (headcount) undertaking Equip bronze training counted as a cumulative figure during the financial year.			
2-16 Statutory and Mandatory Staff Training	85%	Number of staff with statutory and mandatory training up to date within the time period, as a percentage of staff required to undertake statutory/mandatory training	Number of staff with statutory and mandatory training up to date (headcount)	Number of staff required to undertake Statutory/mandatory training (excluding staff on long-term sickness, maternity leave, career break, suspension)	
Finance & Efficiency	Annual Threshold 11/12	Descriptions	Denominator:	Numerator:	Calculation:
4-01 Monitor financial risk rating	4				
4-02 Total income excluding interest (£000)	£219,070				
4-03 EBITDA actual (£000)	£22,100				
4-04 I&E net surplus (£000)	£3,700				
4-05 CIP Savings achieved (£000)					
4-06 Month end cash balance (£000)	£8,500				
4-07 Capital Expenditure (£000)	£13,700				
4-08 Average LOS Elective	2.95				
4-09 Average LOS Emergency	4.8				
4-10 Outpatients Did Not Attend	8.8				
4-11 Day Case Rate (whole Trust)	84%				
4-12 Theatre Utilisation	90				
4-13 Non-Elective Cap					
4-14 Readmissions penalty					