Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
25th February 2010

TITLE	**Balanced scorecard- 31 January 2010**
EXECUTIVE SUMMARY	The Balanced Scorecard for January reports against the 4 Strategic Objectives outlined in the IBP. The Executive lead for each area provides commentary to accompany the scorecard, in particular focusing on exceptions and recovery plans.
BOARD ASSURANCE (Risk) / IMPLICATIONS	Failure to deliver key targets will have a significant negative impact on the Trust's FT application and on its reputation.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Key operational targets reflect issues identified as important by the patient survey, in particular healthcare acquired infections, four hour waits etc.
EQUALITY AND DIVERSITY ISSUES	More work is required during 09/10 to improve reporting on equality and diversity issues.
LEGAL ISSUES	Monitor compliance report identifies the required level of performance for FT authorisation.
The Trust Board is asked to:	Note the report.
Submitted by:	Valerie Howell, Chief Operating Officer
Date:	18th February 2010
Decision:	For Noting

Ashford & St Peter's Hospitals NHS Trust
BALANCED SCORECARD

Position as at: 31 Jan 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	Target	Forecast	Actual	Change			YTD
1-01	Summated Adverse Report Index (SARI)	2470	2764	228	▲	▲	▼	2301
1-02	Standardised mortality (Relative Risk)	<100	86.2	64.1	▲	▲	▲	81.9
1-03	Non-elective mortality (Relative Risk)	<100	85.9	63.8	▲	▲	▲	81.6
1-04	Mortality 75+ (Relative Risk)	<100	86.2	63.2	▲	▼	▲	83.5
1-05	Hip fractures treated within 48hrs	100.0%	79.9%	59.5%	▲	▼	▼	81.3%
1-06	Readmissions within 14 days	2.6%	3.0%	3.2%	▲	▲	▼	3.0%
1-07	Pressure Ulcers/10,000 Bed Days	16.5	18.0	5.0	▼	▲	▲	11.5
1-08	DVT during admission	72	94	12	▲	▼	▼	79
1-09	Falls - resulting in significant injury (grade 3)	29	31	3	◄►	◄►	▼	29
1-10	SUIs	12	16	1	▲	▼	▲	15
1-11	Formal complaints	365	385	26	▼	▲	▲	319

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

	Workforce	Target	Actual	Last Month	Change	Forecast
2-01	Establishment (WTE)	< 3289.9	3005	3010	▼	2961
2-02	Vacancies (WTE)	< 10%	9.2%	7.9%	▼	10.0%
2-03	Agency Staff Use (£000)	£2,500	£559	£370	▼	£5,200
2-04	Staff turnover rate	< 12%	13.5%	12.9%	▼	12.0%
2-05	Stability	> 90%	86.6%	89.9%	▼	90.0%
2-06	Sickness absence	< 3%	3.8%	3.4%	▼	3.0%
2-07	Staff Appraisals	95%	67%	60.1%	▲	85%
2-08	Junior doctors WTD	100.0%	100.0%	100.0%	◄►	100.0%

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.

	Key National Targets	Target	Forecast (current quarter)	Actual	Change			YTD
3-01	Monitor Service Performance Score	0.0	0.5	2.2	◄►	◄►	◄►	2.2
3-02	MRSA (Hospital & Community)	14	10	0	▼	◄►	▲	8
3-03	CDiff	90	64	4	▲	▼	▲	50
3-04	MRSA Screening	100.0%	98.0%	95.1%	▲	▼	▼	95.3%
3-05	Cancer 2 week rule	93.0%	96.3%	96.9%	▲	▲	▼	97.2%
3-06	Cancer 31 day rule - all cancers	96.0%	99.4%	100.0%	▼	▲	◄►	99.4%
3-07	Cancer 31 day rule - subsequent treatments	98.0%	98.0%	100.0%	▲	▲	◄►	97.9%
3-08	Cancer 62 day rule - all cancers	85.0%	90.0%	96.9%	▲	▼	▲	90.3%
3-09	18 week RTT - admitted	90.0%	93.3%	93.3%	▼	▲	▲	93.47%
3-10	18 week RTT - non admitted	95.0%	97.7%	97.5%	▼	▲	▼	97.88%
3-11	A&E 4hrs	98.0%	98.8%	97.98%	▼	▼	▲	98.79%
3-12	Thrombolysis Call to Needle	68.0%	94.7%	100.0%	◄►	◄►	◄►	100.0%
3-13	Core Standards - number not compliant	0	0	3	◄►	◄►	◄►	3

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

	Finance	Annual Plan	Forecast	YTD Plan	YTD Actual
4-01	Monitor financial risk rating	4	4	4	4
4-02	Total income excluding interest (£000)	£216,339	£220,626	£180,633	£184,475
4-03	EBITDA actual (£000)	£21,171	£20,549	£18,152	£17,919
4-04	I&E net surplus (£000)	£4,825	£4,825	£4,525	£4,520
4-05	CIP Savings achieved (£000)	£6,600	£6,577	£5,362	£5,370
4-06	Month end cash balance (£000)	£4,304	£5,034	£8,375	£16,628
4-07	Capital resource limit (£000)	£9,433	£9,433	£7,731	£5,780
4-08	Pay cost (% of income)	61.6%	60.8%	0.0%	60.6%
4-09	Non pay cost (% of income)	28.6%	29.8%	0.0%	29.7%
4-10	EBITDA margin (% of income)	9.8%	9.3%	10.0%	9.7%
4-11	EBITDA achieved (% of plan)	100.0%	97.1%	100.0%	98.7%
4-12	Return on assets	5.9%	5.8%	6.4%	6.2%
4-13	I&E margin (surplus as % in income)	2.2%	2.2%	2.5%	2.4%
4-14	Liquidity ratio (days)	31	31	31	35

Commentary on Patient Safety & Quality Included with Quality Report. *Mike Baxter, Medical Director.*	

Commentary on Workforce

2-01/02 January saw a slight decrease in the staff in post figure compared with the previous month. The vacancy rate in January is 9.2% - this represents an increase compared with December although remains below the target level of 10%

2-03 The January figure for agency expenditure (£559k) represents a noticeable increase compared with the previous month. Analysis has been undertaken of the financial information to identify hotspots and understand the causal factors. It is expected that these included an increase in activity during the month together with challenges posed by snow-related disruption. The year to date agency staff spend remains higher than the target; work is ongoing to review and enforce recently implemented special controls (Executive Director authorisation level) to manage agency expenditure.

2-04/05 Staff turnover has increased to 13.5% for the month and sits above the target level of 12%. Analysis is being undertaken of 'reasons for leaving', particularly for those staff with less than 12 month's service with the Trust. Staff stability has reduced correspondingly to 86.6%, a few points below the 90% target.

2-06 There has been a 0.4% increase in sickness absence in January compared with December; this reflects the normal seasonal trend . The Occupational Health and Workforce teams continue to be active in providing advice to managers to support them in enabling their staff, particularly those absent on a long-term basis, to return to work.

2-07 The percentage of staff having had an appraisal within the last 12 months has risen to 67% which maintains the positive trend of recent months. Appraisal rates are discussed at monthly directorate performance review meetings to ensure that this remains a priority. The figure will continue to rise as managers undertake appraisals with their staff and record them on the ESR (Electronic Staff Record) system.

2-08 The Trust is fully compliant with the Working Time Directive for all Junior Doctors.

Raj Bhamber, Director of Workforce and Organisational Development

Commentary on Key National Targets

3-01 The Trust has improved its score against the Monitor Compliance Framework to 2.2, with an amber rating. There has been an improvement in performance against cancer targets, whilst the A&E performance (Health Economy) has just dipped below the target.

The remaining performance issues remain constant with previous reports. The Trust began the financial year declaring non compliance with two standards in its Standards for Better Health declaration, and had to declare non compliance with a further standard as a result of an information governance issue earlier this year. As a result, this position with core standards automatically gives the Trust a 1.2 score, and therefore an amber rating. Clear action plans are in place which will deliver compliance against all of these three standards by the end of the financial year.

3-07 In addition the Trust is below target year to date on one of the new national cancer targets, the subsequent treatment target. However month 10 has seen an improvement in performance, with the target met for this month and an improvement plan in place for the remainder of the year.

3-04 The final contributing factor to this rating is an underachievement of the MRSA elective screening target.

3-09 In month 10 the Trust delivered the 18 week target in all specialties for both admitted and non admitted pathway.

As reported at the last Board meeting, for all targets which have not been achieved, the relevant directorate is now required to produce a formal recovery plan, setting out the root causes for non achievement, actions to address the root causes, and a revised performance trajectory for the remainder of the financial year. Each recovery plan is signed off by the Chief Operating Officer. Where a directorate fails to achieve a key target for more than one month in succession there is also now a third performance category within the Trust of “special measures” which generates weekly performance management meetings. These revisions to the Trust’s performance management framework are designed to ensure the highest standards of performance.

Valerie Howell, Chief Operating Officer

Commentary on Finance

January, whilst busy, saw a reduction in activity in respect of non-elective work and A&E and outpatient attendances compared to December. This was partially offset by elective activity increasing back to normal levels dispite the disruption caused by the weather. As a result, income was ahead of budget by £0.5m. In-month surplus was breakeven, bringing YTD surplus at £4.5m which is in line with target. Discussions have taken place with NHS Surrey about an agreement to cap SLA income for the remainder of the year at a fixed figure and a proposal has been put forward.

Agency costs continued to run ahead of budget and in January increased to £0.6m.

4-05 CIPs are on target for YTD with a small shortfall currently forecast for the full year. We are confident that this shortfall will be eliminated by year end.

4-07 Capital spend continues to be a red light indicator as YTD spend is below budget. Additional schemes have been agreed to invest budget freed up by delays in the Ramp demolition programme, and we are confident that the full year budget will be spend by 31 March 2010.

John Headley, Director of Finance and Information

Ashford & St Peter's Hospitals NHS Trust
BALANCED SCORECARD

Notes Page

Improvement Month on Month	▲
Month in Line with Last Month	◄►
Deterioration Month on Month	▼

1. To achieve the highest possible quality standards for our patients.

	Patient Safety & Quality	Forecast	
1-01	Summated Adverse Report Index (SARI)	The forecast for these indicators is based on the latest 12 months of data (i.e. Sept 08 - Aug 09).	Sum of all patients (in the measures below) harmed unintentionally during hospital care
1-02	Standardised mortality (Relative Risk)		A standardised rate looks at national data and determines the average expressed as 100. A figure below 100 is rated better than average; over 100 is worse.
1-03	Non-elective standardised mortality (Relative Risk		
1-04	Standardised Mortality 75+ (Relative Risk)		
1-05	Hip fractures treated within 48hrs		Patients admitted with a hip fracture treated within 48 hours
1-06	Readmissions within 14 days		Patients readmitted within 14 days of discharge for an acute spell of care using the criteria set out in the PCT contract
1-07	Pressure Ulcers/10,000 Bed Days		Numerator: The number of pressure ulcers recorded Denominator: The number of Acute Bed Days
1-08	DVT during admission		Patients discharged with a primary diagnosis code of I80.1 or I80.2
1-09	Falls - resulting in significant injury (grade 3+)		Ggrade 3 & 4 falls
1-10	SUIs - RCA in 60 days		Serious Untoward Incidents with a Root Cause Analysis within 60 days
1-11	Formal complaints actioned within 25 days		National Target

2. To recruit, retain and develop a high performing workforce.

	Workforce:	
2-01	Establishment (WTE)	(Target) Budgeted establishment for the year. (Actual) Staff in post at month end.
2-02	Vacancies (WTE)	Percentage of total funded posts
2-03	Agency Staff Use	Expenditure on agency costs (excl. NHSP and Bank)
2-04	Staff turnover rate	Total leavers as percentage of average number in post (rolling 12 months)
2-05	Stability	Percentage of staff in post for 12+ months (rolling 12 months)
2-06	Sickness absence	Numbers of days lost as percentage of days available
2-07	Staff Appraisals	Percentage of staff that have recorded their appraisal within the the last 12 months.
2-08	Junior doctors WTD	Compliance with the Working Time Directive

3. To deliver the Trust's clinical strategy.

	Key National Targets	Forecast	
3-01	Monitor Service Performance Score		The combined total of weighted scores provides the Service Performance Score
3-02	MRSA (Hospital & Community)	Based on latest 12 months	Incidence of Bacteraemia
3-03	CDiff		Incidence of C Diff cases
3-04	MRSA Screening		Testing of patients for the presence of MRSA on the most common sites
3-05	Cancer 2 week rule		Urgent GP referrals for suspected cancer; or breast symptoms
3-06	Cancer 31 day rule - all cancers		Patients receiving first definitive treatment within 31 days of decision to treat
3-07	Cancer 31 day rule - subsequent treatments		Patients receiving subsequent treatment within 31 days of decision to treat
3-08	Cancer 62 day rule - all cancers		Patients receiving first definitive treatment within 62 days of GP urgent referral
3-09	18 week RTT - admitted		Admitted patients waiting less than 18 weeks from Referral to treatment
3-10	18 week RTT - non admitted		Non-admitted patients waiting less than 18 weeks from Referral to treatment
3-11	A&E 4hrs		Patients spending four hours or less in an A&E department
3-12	Thrombolysis Call to Needle		Patients with acute myocardial infarction who received thrombolysis treatment within 60 minutes of calling for help
3-13	Core Standards - number not compliant		

4. To improve the productivity and efficiency of the Trust.

	Finance	
4-01	Monitor financial risk rating	
4-02	Total income excluding interest (£000)	
4-03	EBITDA actual (£000)	
4-04	I&E net surplus (£000)	
4-05	CIP Savings achieved (£000)	
4-06	Month end cash balance (£000)	
4-07	Capital resource limit (£000)	
4-08	Pay cost (% of income)	Salary Bill as percentage of income
4-09	Non pay cost (% of income)	
4-10	EBITDA margin (% of income)	Components of financial risk rating
4-11	EBITDA achieved (% of plan)	
4-12	Return on assets	
4-13	I&E margin (surplus as % in income)	
4-14	Liquidity ratio (days)	