Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
25th March 2010

TITLE	**Balanced scorecard February 2010**
EXECUTIVE SUMMARY	The Balanced Scorecard for February 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 MArch 2010
Decision:	For Noting

Ashford & St Peter's Hospitals NHS Trust
BALANCED SCORECARD

Position as at: **28 Feb 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)	2421	2690	170	▲	▼	▲	2466
1-02	Standardised mortality (Relative Risk)	<100	81.7	73.7	▲	▲	▼	81.7
1-03	Non-elective mortality (Relative Risk)	<100	81.2	71.8	▲	▲	▼	81.2
1-04	Mortality 75+ (Relative Risk)	<100	82.4	72.2	▼	▲	▼	82.4
1-05	Hip fractures treated within 48hrs	100.0%	82.0%	87.80%	▼	▲	▲	83.4%
1-06	Readmissions within 14 days	2.6%	3.0%	2.5%	▲	▼	▲	3.0%
1-07	Pressure Ulcers/10,000 Bed Days	16.5	16.2	11.3	▲	▲	▼	11.2
1-08	DVT during admission	72	91	4	▼	▼	▲	83
1-09	Falls - resulting in significant injury (grade 3)	29	31	1	◄►	▼	▲	30
1-10	SUIs	12	17	1	▼	▲	◄►	16
1-11	Formal complaints	361	392	46	▲	▲	▲	362

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	3020	3005	▲	▼	▲	2961
2-02	Vacancies (WTE)	< 10%	9.1%	9.2%	▲	▼	▲	10.0%
2-03	Agency Staff Use (£000)	£2,500	£341	£559	▼	▼	▲	£5,100
2-04	Staff turnover rate	< 12%	13.3%	13.5%	▼	▼	▲	12.0%
2-05	Stability	> 90%	89.2%	86.6%	▲	▼	▲	90.0%
2-06	Sickness absence	< 3%	4.1%	3.8%	▼	▼	▼	3.0%
2-07	Staff Appraisals	95%	68%	66.7%	▲	▲	▲	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	1.7	◄►	▲	▲	1.7
3-02	MRSA (Hospital & Community)	14	1	0	▼	◄►	▲	8
3-03	CDiff	90	57	1	▼	▲	▲	51
3-04	MRSA Screening	100.0%	96.00%	96.90%	▼	▼	▲	94.70%
3-05	Cancer 2 week rule	93.0%	98.19%	98.46%	▼	▼	▲	97.30%
3-06	Cancer 31 day rule - all cancers	96.0%	98.94%	96.83%	▲	◄►	▼	99.18%
3-07	Cancer 31 day rule - subsequent treatments	98.0%	98.89%	100.00%	▲	◄►	◄►	98.23%
3-08	Cancer 62 day rule - all cancers	85.0%	90.32%	87.14%	▼	▲	▼	90.57%
3-09	18 week RTT - admitted	90.0%	92.66%	92.28%	▲	▲	▼	93.36%
3-10	18 week RTT - non admitted	95.0%	97.77%	97.79%	▲	▼	▲	97.87%
3-11	A&E 4hrs - LHE	98.0%	98.89%	99.23%	▼	▲	▲	98.89%
3-12	A&E 4hrs - SPH only (internal measure)	98.0%	97.64%	98.52%	▼	▲	▲	97.60%
3-13	Thrombolysis Call to Needle	68.0%	98.00%	100.00%	◄►	◄►	◄►	100.00%
3-14	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	£220,793	£197,892	£202,233
4-03	EBITDA actual (£000)	£21,171	£20,548	£19,014	£18,772
4-04	I&E net surplus (£000)	£4,825	£4,825	£4,027	£4,026
4-05	CIP Savings achieved (£000)	£6,600	£6,620	£5,980	£5,956
4-06	Month end cash balance (£000)	£4,304	£8,034	£8,108	£17,602
4-07	Capital resource limit (£000)	£9,433	£9,433	£8,427	£6,359
4-08	Pay cost (% of income)	61.6%	60.9%	61.5%	60.9%
4-09	Non pay cost (% of income)	28.6%	29.8%	30.4%	29.8%
4-10	EBITDA margin (% of income)	9.8%	9.3%	9.6%	9.3%
4-11	EBITDA achieved (% of plan)	100.0%	97.1%	100.0%	98.7%
4-12	Return on assets	5.9%	5.8%	5.8%	5.7%
4-13	I&E margin (surplus as % in income)	0.0%	2.2%	2.0%	2.0%
4-14	Liquidity ratio (days)	31	31	38	35

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

Commentary on Workforce

2-01/02 Total numbers of staff employed by the Trust rose slighly to 3020, versus a figure of 3005 for January.
There was a slight decrease in vacancy levels in February compared to the previous month. Numbers of vacancies are above target amongst the Nursing & Midwifery (14.4%), Healthcare Assistant (11.5%) and Allied Health Professional (12.3% - principally ODP's) groups however these figures do compare favourably with other London and SE Coast acute trusts. A targeted recruitment and retention plan is addressing the situation and specifically for ODP's through training nurses to develop anaesthetic practitioner skills.

2-03 The February figure for agency expenditure is noticeably reduced from January's peak figure (primarily due to inclement weather), and represents the lowest figure since October 2009. The top three reasons for requesting temporary staffing in February were vacancies (77%), additional activity (6%) and sickness (5%). The reduction in agency spend in February is a positive development and overall pay costs remain within plan, although the agency figure itself remains above target.

2-04/05 It is pleasing to note a reversal of the increased turnover and decreased stability witnessed in January. However, the respective figures still fall short of target and will require close monitoring on an ongoing basis. The higher turnover rate for Healthcare Assistant and Support Staff (19.81%) is on par with other London and South East Coast Trusts, although an analysis of exit data is underway in order to develop an action plan to address.

2-06 The upward trajectory in sickness absence rates over the last few months mirrors the normal seasonal trend. The February 2010 figure is 0.5% higher than the same month in 2009. Developing our approach to supporting our staff's health and wellbeing at work will be a critical area of focus for the forthcoming year, particularly in light of the Boorman Review (reflected in the Operating Framework), and further briefings will be provided to the WSSG on this in due course.

2-07 The percentage of staff having had an appraisal within the last 12 months has risen to 68%. The 'Appraisal Matters' campaign is continuing to highlight the importance of appraisal and it was the subject of a weekly CEO briefing in mid-February. Directorates' appraisal rates are closely monitored and the HR team are supporting managers in timetabling appraisals and ensuring that managers ensure records are kept up to date on the ESR 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

The Trust's operational performance and delivery against the monitor compliance framework remains strong and robust. Sustainable delivery is now being achieved against 18 week targets and the new national cancer targets.

A particular focus remains on improving performance against four hour target at St Peter's Hospital (Type 1 performance). Whilst year to date performance remains below target of 98%, February performance was strong at 98.5% and remains strong in early March. This is a considerable achievement and strong progress for the hospital as a whole.

The Trust remains on track to move to green against the compliance framework by the end of March, when it expects to move to compliance against all outstanding core standards.

Valerie Howell, Chief Operating Officer

Commentary on Finance

Surplus (4-04) and CIPs (4-05) show as amber due to negligable year to date shortfalls - in fact both of these are materially in line with target at month 11, and the Trust is well placed to deliver on full year targets.

A red indicator on capital spend (4-07) reflects year to date capital spend at £6.4m being 25% less than budget. The Trust intends to invest £3m in March with the aim of investing the totality of budgeted funds.

Cash balances stand at a very healthy £17.6m.This follows the receipt of a long standing debt of £0.8m from UCLH, which is part of a strong focus on reducing debt over the last year.

Further commentary on the month 11 Income and Expenditure position is shown on the next page.

John Headley, Director of Finance and Information

Summary I&E position - month 11

	Annual Budget £000's	YTD Budget £000's	YTD Actuals £000's	Variance £000's
Income from Operations	199,337	182,319	186,450	4,131
Other income	17,001	15,573	15,783	210
	216,339	197,892	202,233	4,341
Pay costs	133,117	121,724	123,236	-1,512
Non pay costs	62,050	57,154	60,225	-3,071
	195,168	178,878	183,461	-4,583
Total EBITDA	**21,171**	**19,014**	**18,772**	**-243**
Depreciation	8,765	8,034	7,805	229
PDC dividend	6,570	6,023	6,023	0
Other	1,011	930	918	12
	16,346	14,987	14,745	242
Total I&E surplus	**4,825**	**4,027**	**4,026**	**-1**
Pay costs as % income	*61.5%*	*61.5%*	*60.9%*	*0.6%*
Non pay as % of income	*28.7%*	*28.9%*	*29.8%*	*-0.9%*
EBITDA margin	*9.8%*	*9.6%*	*9.3%*	*-0.3%*
Surplus margin	*2.2%*	*2.0%*	*2.0%*	*0.0%*

Income 2.3% over target.Total inpatient episodes are up 3.5% on budget - driven by non elective growth with elective activity in line with budget. £1.4m rebated back to NHS Surrey.

Pay is 1.2% over budget, ie less than additional activity and income. Main driver of overrun is agency spend.

Main items of overspend are work sent out of NHS (£1.9m) and supplies (£1.1m).

Lower depreciation following later phasing of capital programme.

Balanced Scorecard Feb 2010

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)	