

TRUST BOARD
26th August 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
Date:	21 st August 2010
Decision:	For Noting

Ashford & St Peter's Hospitals NHS Trust
BALANCED SCORECARD

Position as at: **31 Jul 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	81	89**	▲	▲	▼	76**
1-02	Crude mortality	2.6%	1.6%	1.4%	▼	▲	▲	1.3%
1-03	MRSA (Hospital only)	5		1	◀▶	▲	▼	5
1-04	C.Diff	90	55	9	◀▶	▲	▼	16
1-05	Patient Satisfaction (Your Feedback)	90%	76.7%	76.7%	New Survey			76.7%
1-06	Formal complaints	361	367	29	▲	▼	▲	128
1-07	SUIs	14	17	1	▲	◀▶	◀▶	5
1-08	Falls - resulting in significant injury (grade 3)	29	27	0	◀▶	▼	▲	4
1-09	Hip fractures treated within 36 hrs	70%****	85.0%	86.2%	◀▶	▼	▲	65.5%
1-10	Readmissions within 14 days	2.6%	2.5%	2.4%	▼	▼	▲	2.3%
1-11	VTE Assessment*****	90.0%	N/A	86.4%	New System			86.4%
1-12	Summated Adverse Report Index (SARI)	tbc			▲	▲	▲	1068

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	25,759	2,128	▲	▲	▼	8,611
3-02	GP Referrals - increase elective activity	98,833	98,592	7,955	▲	▲	▼	32,594
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%	50.2%	48.2%	▼	▼	▼	48.8%
3-09	% OP undertaken at Ashford	34.5%	31.8%	30.4%	▼	▲	▲	29.9%
3-10	% OP undertaken outside Trust	7.0%	7.0%	6.0%	▼	▲	▲	5.8%
3-11	Bed reductions against bed model	454	454	442	▲	▼	▲	442

* Source data from Dr Foster

** Actual = May 2010 YTD =2010/11

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

**** Q2=70% Q3 = 85%

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

Delivering or exceeding Target		Improvement Month on Month		▲
Underachieving Target		Month in Line with Last Month		◀▶
Failing Target		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)	3261	3261	3288	3302	◀▶	▲	▲
2-02	Vacancies (WTE)	<10%	<10%	9.1%	10.4%	▲	▼	▲
2-03	Agency Staff use (WTE)	45	45	40	75	▼	▼	▲
2-04	Bank staff use (WTE)	300	300	279	270	▼	▲	▲
2-05	Staff turnover rate	<13%	<13%	11.9%	12.4%	▲	▲	▲
2-06	Stability	>87%	>87%	89.5%	88.5%	▲	▼	▲
2-07	Sickness absence	<3.5%	<3.5%	2.8%	3.2%	▲	▲	▲
2-08	Staff Appraisals	95.0%	95.0%	84.5%	82.8%	▲	▲	▲
2-09	Consultants WTE:bed ratio	<0.36:1	0.35:1	0.35:1	0.35:1	◀▶	◀▶	◀▶
2-10	Nurses WTE:bed ratio	<1.99:1	1.95:1	1.95:1	1.95:1	◀▶	◀▶	◀▶
2-11	Staff satisfaction	>3	>3	3	3	◀▶	◀▶	◀▶
2-12	Staff in leadership programmes	600	600	223	156	▲	▲	▲

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	4	4
4-02	Total income excluding interest (£000)	£219,123	£227,061	£72,438	£75,300
4-03	EBITDA actual (£000)	£18,579	£18,653	£6,055	£6,450
4-04	I&E net surplus (£000)	£3,300	£3,300	£962	£1,332
4-05	CIP Savings achieved (£000)	£9,000	£9,000	£2,238	£1,926
4-06	Month end cash balance (£000)	£8,500	£8,500	£11,409	£14,721
4-07	Capital resource limit (£000)	£13,965	£13,965	£1,461	£1,107
4-08	Pay cost (% of income)	61.9%	61.6%	62.4%	62.1%
4-09	Average LOS Elective	2.95	2.95	2.90	3.11
4-10	Average LOS Emergency	4.8	4.8	4.71	4.85
4-11	Outpatients Did Not Attend	8.8%	8.8%	10.0%	10.5%
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%	81.5%	81.7%
4-14	Theatre Utilisation	85.0%	85%	85%	83%

Commentary on Patient Safety & Quality - Mike Baxter, Medical Director

1-01/02 The reported SMR appears to have increases in July. The Board will remember last month the figure was 55. This month the reported figure is 89. However, the crude mortality for the organisation remains low at 1.4% and continues to show month on month improvement. Details of the Mortality and Morbidity meeting (section 3) show that the pattern for mortality in the Trust is as predicted and that there are no areas for specific concern.

1-03/04 These figures relate to hospital acquired infection in the Trust. Line 1.4 shows the excellent performance on C.Diff. The Trust continues to show low levels of C.Diff infections. It is worth noting that cases are now isolated and contained and there is good compliance to the policy of patients with C.Diff (or suspected of having it) being placed in side rooms with 2 hours of notification. Similarly, the compliance with the drug formulary (avoiding C.Diff sensitizing antibiotics) is over 93%, and improving.

1-03 Relates to MRSA. It shows that we have a further case of MRSA bringing our year total to 5. Details of the case are reported elsewhere in the Board papers. The actions from this case which have been implemented immediately are: MRSA screening for inter-hospital transfers, a strict policy on urinary catheter screening (and protocol for changing if infected) and a phlebotomy delivered Blood Culture Taking Service. These actions have been approved by the PCT. Fig 2 shows the Trust performance for hospital acquired MRSA by quarters since 2007.

1-05 Relates to a patient's satisfaction rating based on a composite mark from the new patient survey information. This is the first report in

feel for the effect of improvements and changes that were being made. It is hoped this composite measure may be more helpful.

1-06 Relates to formal complaints and is the lowest months total recorded this year. There is a consistent theme around discharge and this has been picked up as a specific action by the MD and CN. A formal report and action plan will be presented to the Board.

1-07 The Trust has declared one SUI during July. This is reported elsewhere in the Board papers, but the Trust's process has been activated and the SHA and PCT notified.

1-08 There have been no falls, resulting in a grade 3 incident, in the Trust in July, and 4 cases in the whole of the first quarter. This is a very dramatic improvement and has been led by the roll out of work done on the medical and orthopaedic wards.

1-09 Demonstrates a dramatic improvement in performance of the Hip Fracture Surgery rates within 36 hrs. Last month the Trust reported figures of around 60% but in July the figures reported are 86% illustrating an improvement in performance of approaching 50%. The figure of 86% is far in excess of the graded trajectory of 70% and is actually in line with the year end target of 85%. This improved performance has been attributed to improved process and increased dedicated theatre capacity. In absolute terms, there were 29 admissions with fracture neck femur, 25 were operated on within 24hrs (4 patients missed the 36 hr target).

1-10 Readmission rates at 14 days remain low and within target.

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

2-01/02 The Trust's establishment as at the end of month 4 decreased to a level of 3288 whole time equivalents in line with the workforce plan and CIP projections. There was an associated reduction in the Trust's vacancy rate (1.3% reduction), a position further enhanced by a number of new starters in the AHP and Healthcare Scientist staff group.

2-03/04 The use of temporary staff decreased significantly during July, primarily due to a reduction in use of agency staff in nursing (reduction from 56 wte nurses in June to 19 wte in July). This is attributable to the implementation of a 'decision-tree' by the Chief Nurse to assist decision-making by identifying a range of alternative options to ensure safe levels of care without automatically resorting to booking an agency member of staff, for example, staff lengthening their hours, review of required skill mix for the particular shift in question, redeployment of staff from elsewhere in the hospital and use of the Trust bank. Given that the decision tree was implemented part-way through July, it is anticipated that this will have further impact during August and beyond.

2-05/06 The turnover and stability measures both improved in July compared to the previous month. Turnover is now at its lowest rate since June 2009 and both measures are beneath the target level. Notably, there were improvements for turnover and stability for the Nursing & Midwifery and Healthcare Assistant staff groups.

2-07 The sickness absence rate has fallen to 2.8% which maintains the overall downwards trend since February when the rate was at 4.1%. The current rate is significantly below the target level and reflects the normal seasonal trajectory. The 2.8% sickness absence rate for July 2010 is 0.2% lower than the same month of the previous year. (NB see press statement attached)

2-08 The number of staff recorded as having participated in an appraisal during the last year has continued to improve month-on-month, rising to 84.5% in July. This maintains the ongoing positive trajectory towards the stretched target rate of 95.0%. The Workforce & OD team are providing regular reports to directorates to enable them to plan dates for staff appraisals and to validate their data. Further improvement in the appraisal rate is anticipated over the coming months as this process continues.

2-09 This measure tracks the key staff survey indicators where the Trust benchmarks within the top quartile of all acute hospitals in England. Results from the mid-year, local survey of all of our staff have been received and they show a statistically significant improvement across 10 key themes where the Trust performed below average in the most recent national survey. Results have been shared at directorate-level to ensure that local action plans are updated accordingly.

2-10 Participation in leadership development continues to be sponsored across the Trust. To date, 223 individuals have participated in one or more forms of leadership development during this financial year. This includes the 100 participants continuing on the Good 2 Great programme, which involves a wide representation of staff from different levels. Other programmes include Manager's Passport, Bronze training for EQUIP, Team Leadership NVQ's, equality & diversity facilitators and external programmes. Programmes are currently being mapped onto a leadership and management framework.

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 May and end of year forecasts have been included.

Commentary on Clinical Strategy-Valerie Howell , Deputy Chief Executive

3-01 Non elective activity undertaken beyond 08/9 out-turn is paid at marginal rates of 30%, creating a cost pressure to the Trust. In July the Trust continued to over-perform on this measure. The number of emergency admissions was very similar to the number in June, but June and July both showed a decrease compared May. The Trust has embarked on a range of improvement initiatives to address this issue, with more schemes due to come on line at the end of August and in September. Joint working via the North West Surrey Transformation Board will redesign emergency and urgent care systems over the medium-term.

3-02 GP referrals were lower in July, possibly reflecting the holiday season.

3-03/07 The Trust is undertaking a fundamental review of its marketing strategy and account management systems for local GPs and Pbc clusters over the summer in order to align its ways of working to the White Paper. Further details of this will be brought to the September Board.

3-08 Percentage of daycases undertaken at Ashford continues to reduce very slightly. Action plans will be developed via the Theatre Utilisation Group.

3-09 The Trust will have the opportunity later this year to undertake a fuller review of the potential to further develop out patient services at Ashford. The refurbishment of the out patient department at Ashford is due to begin late 2010/11, and a programme of detailed service planning work will take place to agree the future service portfolio on site and explore the opportunities for more out patient work to take place at Ashford.

3-10 Outpatient activity at Ashford has risen again for the second month, as has the proportion of outpatient work undertaken outside the Trust.

3-11 Bed reductions shows an improvement from last month and is achieving the expected trajectory.

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

4-01 The FRR has increased to 4 in line with plan.

4-04 July surplus was £0.2m below budget due to non pay costs. Year to date surplus of £1.3m is £0.4m ahead of target.

4-05 CIP's are £0.3m short of target, with shortfalls in Theatres, Emergency Services, Medicine and Surgery. A number of replacement schemes have been identified and further schemes are being put together to ensure the £9m full year target is reached.

4-07 Capital spend is lagging £0.4m behind budget, due to delays in initiating schemes. Planning issues are likely to delay the Ramp demolition project into 2011/12 - we are going through a process of prioritising additional spending bids to ensure our capital budget is utilised.

4-11 Outpatient DNA at 10.4% continues higher than planned.

Media Statement

Ashford & St Peter's Hospitals NHS Trust takes a proactive approach to monitoring levels of sickness absence. Data and analysis relating to sickness absence levels of our staff is included within a workforce report which is presented to our Trust Board every month. These meetings are open to the public and the papers are made available widely. Ashford & St Peter's Hospitals also has a Sickness Absence Policy in place to ensure that issues related to absence are dealt with at departmental level and staff are supported to return to work as soon as is possible.

The latest report to the Board [June 2010] indicates a downward trend in sickness absence levels.

The NHS has published the sickness rates for the whole NHS in March 2010 as 4.5%. Sickness absence levels at Ashford & St Peters are well below the national average, at 3.3%, and even lower than the average reported across the South East Coast region at 4.0%.*

And the sickness absence figures for Ashford & St Peter's Hospitals in the annual accounts [covering April 2009-March 2010, *as indicated in last week's article*] were also lower than the average rate for the public sector (an average of 7.7 days per year per employee for the Trust, compared to an average of 8.3 days reported by the Confederation of British Industry).** There is a 10% increase on the previous year's figures [2008-9], but it is still beneath the benchmark levels as indicated above and there has since been an improvement as the June 2010 figures indicate.

The figures also compare favourably with an alternative survey conducted by the Chartered Institute of Personnel and Development, which reported the average number of public sector sick days as 9.7.*

Jeremy Over, Deputy Director of Workforce and Organisational Development, said: "The Trust understands the concerns that have been raised about sickness absence levels, as we know that healthy staff can provide better care for patients. We shall continue to examine the reasons for sickness absence as a means to ensure that the downward trend continues.

"We work hard to support our staff to improve their general health and wellbeing through a number of programmes, such as inoculation [e.g. 'flu vaccine], and employee assistance, whereby our staff and

their dependents can use a confidential freephone service to access advice and counselling. As part of a national initiative, some GPs are now producing 'fit' notes, which also helps us to understand what duties an employee is 'fit' to do when they return to work.

"We currently offer an annual calendar of health events which is aimed at supporting our staff to lead a healthier lifestyle, for example, improved diet, exercise, quitting smoking, and a specific men's and women's health month. In addition, we provide confidential 'lifestyle assessments' through our Occupational Health department which check blood pressure, urinalysis, body mass index and cholesterol levels.

ENDS

Contd..

Notes to Editors:

-Visit www.ashfordstpeters.nhs.uk or call the Communications Office on 01932 722330 for further information.

*This information is taken from the NHS's The Information Centre for Health and Social Care Report, *Sickness absence rates in the NHS*. The sickness absence percentage is the number of days of sickness as a percentage of the number of available working days of all staff.

**The Chartered Institute of Personnel Development data was obtained from the website: <http://www.cipd.co.uk/NR/rdonlyres/45894199-81E7-4FDF-9E16-2C7339A4AAAA/0/4926AbsenceSRWEB.pdf>

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