

**TRUST BOARD**  
**27<sup>th</sup> January 2011**

<b>TITLE</b>	<b>Balanced Scorecard</b>
<b>EXECUTIVE SUMMARY</b>	This paper reports on progress against the Trust's four key strategic objectives.
<b>BOARD ASSURANCE (Risk) / IMPLICATIONS</b>	Provides assurance that progress is being made against the Trust's four strategic objectives.
<b>STAKEHOLDER / PATIENT IMPACT AND VIEWS</b>	Not relevant.
<b>EQUALITY AND DIVERSITY ISSUES</b>	Covered in workforce section.
<b>LEGAL ISSUES</b>	None to note.
<b>The Trust Board is asked to:</b>	Note the report.
<b>Submitted by:</b>	Valerie Howell, Deputy Chief Executive Raj Bhamber, Director of Workforce & Organisational Development John Headley, Director of Finance and Information
<b>Date:</b>	27 <sup>th</sup> January 2011
<b>Decision:</b>	For                      Noting

**Ashford & St Peter's Hospitals NHS Trust**  
**BALANCED SCORECARD**

Position as at: **31 Dec 2010**

**1. To achieve the highest possible quality standards for our patients, exceeding their expectations, in terms of outcome, safety and experience.**

	Annual Target	Forecast	Actual	Change			YTD
1-01 Standardised mortality (Relative Risk)*	82	82	86.6**	▼	▲	▲	87**
1-02 Crude mortality	2.6%	2.0%	2.3%	▲	▼	▼	1.6%
1-03 MRSA (Hospital only)	5	5	0	◀▶	◀▶	◀▶	5
1-04 C.Diff	67	39	3	▲	▼	◀▶	30
1-05 Patient Satisfaction (Your Feedback)	90%	80%	76.0%	▲	▼	▼	76.8%
1-06 Formal complaints	361	333	17	◀▶	▼	▲	250
1-07 SUIs	14	15	0	▼	◀▶	▲	12
1-08 Falls - resulting in significant injury (grade 3)	29	17	1	▼	▲	◀▶	13
1-09 Hip fractures treated within 36 hrs	85%****	85.0%	90.9%	▼	▲	▼	88.6%
1-10 Readmissions within 14 days	3.7%	3.5%	3.0%	▼	▲	▲	3.2%
1-11 VTE Assessment	90%	90%	85.8%	▲	▼	▲	80.5%
1-12 Summated Adverse Report Index (SARI)	1924	1738	97	▼	▲	▲	1304

**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.**

	Annual Target	Forecast	Actual	Change			YTD
3-01 Decrease Emergency Admissions (to 08/09 baseline)	23,077	25,895	2,205	▼	▼	▲	19,527
3-02 GP Referrals - increase elective activity	98,833	97,702	6,041	▼	▼	▼	70,283
3-03 Overall Market Share Surrey PCT*	>26%	26%	26%***	◀▶	▼	▲	26%***
3-04 Local Market Share - Woking & W Byfleet*	>75%	74%	71.7%***	▼	◀▶	▼	73.8%***
3-05 Local Market Share - Feltham & Bedfont*	>30%	28%	27.4%***	▼	▼	▲	27.2%***
3-06 Local Market Share - Hounslow*	>9%	8%	8.1%***	▲	▼	▲	8.4%***
3-07 Local Market Share - Mid Surrey (inc. Cobham)*	>1.5%	2.0%	1.7%***	◀▶	▲	▼	1.9%***
3-08 % Day Surgery undertaken at Ashford	70.0%	70.0%	68.4%	▼	▼	▼	66.4%
3-09 % OP undertaken at Ashford	34.5%	34.2%	33.6%	▲	▲	◀▶	33.1%
3-10 % OP undertaken outside Trust	7.0%	6.5%	5.9%	▲	▼	▼	6.1%
3-11 Bed reductions against bed model	454	447	447	▲	▼	▼	447

\* Source data from Dr Foster

\*\* Actual = Oct 2010 YTD =Apr-Oct 2010/11

\*\*\* Actual = Oct 2010/11 YTD =Apr-Oct 2010/11

\*\*\*\*Q3 = 85%

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.**

	Annual Target	Forecast	Actual	Last Month	Change		
2-01 Establishment (WTE)	3270	3270	3290	3290	▼	◀▶	◀▶
2-02 Vacancies (WTE)	<10%	<10%	8.4%	8.4%	▲	▲	◀▶
2-03 Agency Staff use (WTE)	45	45	37	28	▼	▲	▼
2-04 Bank staff use (WTE)	300	300	254	233	◀▶	▲	▼
2-05 Staff turnover rate	<13%	<13%	12.6%	12.8%	▼	◀▶	▲
2-06 Stability	>87%	>87%	90.1%	91.2%	▼	▲	▼
2-07 Sickness absence	<3.5%	<3.5%	3.43%	3.27%	▼	▲	▼
2-08 Staff Appraisals	95.0%	95.0%	90.5%	88.5%	▲	▼	▲
2-09 Consultants WTE:bed ratio	<0.36:1	0.35:1	0.36:1	0.36:1	◀▶	◀▶	◀▶
2-10 Nurses WTE:bed ratio	<1.99:1	1.95:1	1.90:1	1.92:1	◀▶	◀▶	◀▶
2-11 Staff satisfaction	>3	>3	7	7	◀▶	◀▶	◀▶
2-12 Staff in leadership programmes	600	600	473	456	▲	▲	▲

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

	Annual Target	Forecast	YTD Plan	YTD Actual
4-01 Monitor financial risk rating	4	4	4	4
4-02 Total income excluding interest (£000)	£219,061	£224,865	£165,444	£169,228
4-03 EBITDA actual (£000)	£18,578	£16,817	£15,342	£13,911
4-04 I&E net surplus (£000)	£3,300	£3,300	£3,883	£3,766
4-05 CIP Savings achieved (£000)	£9,000	£9,014	£6,418	£6,369
4-06 Month end cash balance (£000)	£8,500	£12,128	£12,486	£13,173
4-07 Capital resource limit (£000)	£10,965	£9,994	£7,876	£5,123
4-08 Pay cost (% of income)	61.9%	62.8%	61.4%	62.3%
4-09 Average LOS Elective	2.95	3.00	2.95	3.00
4-10 Average LOS Emergency	4.8	4.80	4.80	4.84
4-11 Outpatients Did Not Attend	8.8%	9.6%	8.8%	10.6%
4-12 Outpatients New:Follow up Ratio	2.0	1.7	2.0	1.7
4-13 Day Case Rate (whole Trust)	81.4%	84.2%	81.4%	82.3%
4-14 Theatre Utilisation	85.0%	83%	*79.02%	79.2%

\*YTD Plan=Outturn 09/10

**Commentary on patient safety and quality -**

Mike Baxter, Medical Director

**1.01** The Trust's SMR has shown a small improvement from the previous report (88).

**1.02** The CMR for December has shown an increase from 1.7% to 2.3%. This reflects the very large spike in emergency activity related to the cold spell. The patients seen at this time have had increased acuity, with a substantial increase in critical care activity related to severe pneumonia and flu related illness. This has been experienced nationwide with nationwide directives being issued on the use of critical care.

**1.03** There have been no cases of MRSA in the Trust. This marks 168 days since the Trust had its last MRSA case. Latest information suggests that next year the Trust's MRSA target will be 4 or less cases.

**1.04** There have been 3 cases of hospital acquired C.Diff. These 3 cases have been on the same ward, but the RCA has not suggested a causal link. Practices on the ward have been monitored and the situation is being subject to review.

**1.05** Patient satisfaction is discussed in detail elsewhere in the report.

**1.06** Formal complaints have show an improvement from 32 recorded in the last report to a figure of 17 for December. Although, encouraging the trend analysis does not, as yet, show a sustained and consistent pattern. The Trust is on track to record an overall reduction in formal complaints of 18% (8% reduction on a target set against a 10% reduction) on last year's figures

**1.07** There were no SUIs registered in December. This reduces the YTD RAG rating to amber from red in the previous month.

**1.08** There was 1 fall resulting in grade 3 injury in January, this was on MAU.

**1.09** The fractured neck of femur operation rates are 90.9% which is delivering on the Trust's Q4 (and the national) target of 85%. This is the second consecutive month the Trust has performed above 90% (last month was 93.5%) and gives assurance that the delivery of this target is now robust.

**1.10** Readmission within 14 days, which is within target, will next month be replaced by the readmission rate at 28 days. This will be a new national metric and continues to be a focus of review both in the Trust and nationally. At this time, we have not seen any significant change in the rate of 28 day readmissions. The Operating Framework states that there will be a financial sanction for readmission following an elective procedure and that the Trust should be able to demonstrate strategies to reduce emergency-emergency readmissions by 25%. An action plan and option appraisal is being discussed at the NWS transformation board and an application for re enablement funding has been made. The board will be updated when a decision has been made.

**1.11** VTE assessment is now being recorded for all of the Trust's clinical activity, all data being registered and collected automatically. The Trust performance at 85.8% (for the whole Trust) is one of the highest rates in the country. We are now collecting data on mortality related to VTE events so that we can track the impact of full compliance on the rates of these complications.

**1.12** The SARI shows a second consecutive month of improvement, with a reduction from 127 to 97 events this month. The Trust is on target to reduce, by 200, the number of adverse events that the Trust has recorded this year.

**Commentary on Workforce -**

Raj Bhamber, Director of Workforce and Organisational Development

**2-01/02** The Trust's establishment at the end of December was 3290 whole-time equivalents, the same as the previous month, and this matches exactly with the financial establishment. The year-end target for establishment is 3270 based on the long-term financial model. A reconciliation will be undertaken this month to revalidate the year-end projection against the current CIP programme, and to account for new posts established. Vacancy levels are within target, remaining the same as last month at 8.4%. The number of staff substantively employed by the Trust has remained the same as last month at 3015 WTE with 28 WTE staff joining the Trust.

**2-03/04** The overall level of agency medical and nursing usage increased in December by 9 WTE to 37 WTE as expected to cope with capacity pressures. This month also saw an increase in bank usage to 254 WTE. Despite the increase this sustains the significant reduction in agency staff utilised per month since the peak in June of 76 WTE, and is within the target. The reasons recorded for bookings indicate that 15% of bookings were to cope with winter pressures, against 65% for vacant shifts, and the remainder for various reasons. Plans are in place for medical agency bookings indicating reason for use, duration and plan to reduce the usage and these are being monitored with the divisions.

**2-05/06** Stability (percentage of the workforce with more than one year's service) has decreased slightly this month to 90.1% and remains above target. Turnover (number of leavers during previous 12 months expressed as percentage of the workforce) has decreased slightly to 12.6% with 32 leavers in the month and is within the target level.

**2-07** There has been a slight increase in the sickness absence rate from 3.27% to 3.43% from October to November, remaining within the target level (sickness absence is reported one month in arrears to ensure data is fully recorded). Absence due to musculo-skeletal and physiological reasons increased during November, absence due to infections and other reasons had little change and this resulted in an overall increase in sickness absence.

**2-08** The number of staff recorded on ESR as having participated in an appraisal during the last year has increased to 90.5% at the end of December. This reduction is due to appraisals taking place and improved recording of appraisal completion on ESR. There has also been an improvement in medical appraisals, which are now at 96% with only 9 doctors outstanding. This is an important focus for the Trust to ensure readiness for medical revalidation and dates are scheduled for the remaining appraisals to take place. The Workforce & OD team are providing regular reports to directorates to ensure that this work maintains a high focus, and that managers are notified via ESR of appraisals becoming due. The Trust continues to reinforce the critical impact of appraisal on mortality and patient experience.

**2-09/10** Consultant and non-career grade doctors per bed, and qualified nurses per bed reflect the inter-relationship between the Trust's bed modelling and workforce plans and are key indicators of the co-ordination that will be required as both are implemented in tandem. The ratio for medical staff has remained constant since the introduction of this measure at 0.35-0.36 per bed. The ratio for qualified nursing has continued a slight downward trend seen in the last four months.

**2-11** This measure tracks the key staff survey indicators where the Trust benchmarks within the top quartile of all acute hospitals in England. The increase to 7 such indicators, as reported last month, remains unchanged. This increase was based on results from the mid-year local survey of all of our staff analysed against the results and benchmarks of the most recent national survey. The fieldwork for the 2010 national survey was completed in December and the Trust's final return rate has been confirmed as 70.2%. This is the highest response rate of all Trust's using the Picker Institute for administration of the staff survey, and means that the feedback from the survey will provide an exceptional representation of views across the organisation.

**2-12** The Road to Success workshops will commence this month and will provide a focus on leadership development for Black & Minority Ethnic staff in bands 5&6 to support them to progress their careers with the aim of addressing under-representation of BME staff at band 6 and above. The Good to Great action learning sets continue to take place in between master classes. The Ward Sister development programme commenced on 17 January and will be adapted to extend to medical speciality leads and allied health care professionals, thereby maximising opportunities for multidisciplinary learning and development.

**Commentary on Clinical Strategy -**

Valerie Howell, Deputy Chief Executive

**3-01** Emergency admissions remain high as we are now into the 'winter pressures' period. A priority for the emergency dept is to calculate a new local tariff for AAU and MAU. Once agreed with NHS Surrey a proportion of activity currently recorded as 'admitted' can be reclassified as non-admitted.

**3-02** GP referrals were about 25% down in December which is to be expected during the festive period. Joint working with the three local PBC consortiums continues to develop. As well as the joint Orthopaedics community service, the Trust is in discussion with PIMS around introducing a similar community service for Gynaecology, ENT, Dermatology and Ophthalmology. The Assura Dermatology community service has been delayed and will now commence on the 24th Feb.

**3-03 to 3-07** The publishing of the Dr Foster market share data was delayed due to Christmas and New Year therefore no new data is available for this report.

**3-08** A slight dip in December from the previous month. On a specialty level, Urology reported their highest figure to date – 92.3%. Ophthalmology remains high at 92%. Orthopaedics and Gynaecology were down on previous months.

**3-09/10** Outpatient work carried out at Ashford and outpatient work undertaken outside the Trust dropped slightly in December. As well as the new dermatology and urology services recently introduced at Cobham, a new pain management service is due to start at Woking in March and discussions are taking place with NHS Hounslow to move part of the existing Orthodontics and Oral Surgery services from Ashford to Heart of Hounslow.

**3-11** Bed reductions remain on track and are currently ahead of the target trajectory.

**Commentary on Finance and Efficiency -**

John Headly , Director of Finance and Efficiency

**4-01** The YTD and forecast FRR continue at a solid 4.

**4-02** Income is ahead of target due to overperformance across a number of areas of the Surrey contract, although the degree of overperformance is reduced by both the "non elective cap" and a subsequent overall "block contract" of £173.25m agreed with NHS Surrey for contract year 2010/11.

**4-03** Despite additional income, EBITDA is tracking £1.4m adverse to budget due to the impact of the non elective cap and overall block contract agreement, together with costs associated with winter pressures.

**4-04** YTD surplus fell £0.1m behind target at £3.8m. Full year forecast continues to be £3.3m, in line with target. Additional costs of managing winter pressures have been incorporated into the forecast. The surplus position is better than the EBITDA position versus budget due to depreciation savings following estate revaluation at the end of 2009/10.

Now we are on a block contract with Surrey, expense management is key for the Trust to deliver its year end forecast. The Executive Directors are holding weekly Finance meetings to monitor the situation and ensure that the whole organisation maintains a focus on expense management and financial performance.

**4-07** Capital spend in December was the highest so far this year, with several big schemes coming on stream and a push to benefit from the 17.5% VAT rate. We are now forecasting full year spend of £10m, £1m less than budget.

**4-11** Outpatients DNA rate continues to exceed the stretch target set at the start of the year. This area will be the focus of a major process improvement exercise in 2011/12.