Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
27th May 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/PB
Date:	21st May 2010
Decision:	For Noting

Ashford & St Peter's Hospitals NHS Trust
BALANCED SCORECARD

Position as at: 30 Apr 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	Annual Target	Forecast	Actual	Change			YTD
1-01	Standardised mortality (Relative Risk)	82	82	68	▼	▼	▲	81.4
1-02	Crude mortality	2.6%	2.6%	2.2%	▲	▲	▼	2.2%
1-03	MRSA (Hospital only)	5	5	2	▲	▼	▼	2
1-04	C.Diff	90	53	3	▲	▼	▼	3
1-05	Patient Satisfaction	100%	97.5%	96.9%	▼	▲	▼	96.9%
1-06	Formal complaints	361	397	32	▲	▲	▲	32
1-07	SUIs	14	15	2	◄►	▲	▼	2
1-08	Falls - resulting in significant injury (grade 3)	29	29	1	▲	▼	▲	1
1-09	Hip fractures treated within 36 hrs	85%	85%	61.9%	▲	▲	▲	61.9%
1-10	Readmissions within 14 days	2.6%	2.6%	1.8%	▲	▲	◄►	1.8%
1-11	VTE Assessment	90.0%	N/A	68.0%	Based on sample audit			
1-12	Summated Adverse Report Index (SARI)	tbc	N/A	289	N/A			289

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	3304	3319	▲	▼	▲
2-02	Vacancies (WTE)	<10%	<10%	10.0%	9.3%	▲	▼	▼
2-03	Agency Staff use (WTE)	45	45	54	NEW			
2-04	Bank staff use (WTE)	300	300	262	NEW			
2-05	Staff turnover rate	<13%	<13%	13.0%	13.0%	▲	▲	◄►
2-06	Stability	>87%	>87%	87.7%	89.6%	▲	▲	▼
2-07	Sickness absence	<3.5%	<3.5%	3.5%	3.4%	▼	▲	▼
2-08	Staff Appraisals	95.0%	95.0%	72.2%	72.0%	▲	▲	▲
2-09	Consultants WTE:bed ratio	<0.35:1	tbc	0.36:1	NEW			
2-10	Nurses WTE:bed ratio	<1.99:1	tbc	1.99:1	NEW			
2-11	Staff satisfaction	>3	>3	3	NEW			
2-12	Staff in leadership programmes	600	600	119	NEW			

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	YTD Plan	Actual	Change			YTD
3-01	GP Referrals - increase elective activity	98,833	7,901	7,888	▲	▲	▼	7,888
3-02	Decrease Emergency Admissions (to 08/09 base	23,077	1,655	2,262	▲	▲	▼	2,262
3-03	% Day Cases undertaken at Ashford	60.0%	49.7%	49.7%	▲	▲	▲	49.7%
3-04	% OP undertaken at Ashford	tbc	33.0%	32.9%	▲	▼	▲	32.9%
3-05	% OP undertaken outside Trust	10.0%	7.0%	6.7%	▼	▼	▲	6.7%
3-06	Repatriation for renal & cardiac work	Indicators being developed for q1 reporting (June)						
3-07	Market Share - Woking & W Byfleet							
3-08	Market Share - Hounslow & Bedfont							
3-09	Market Share - Cobham							
3-10	Bed reductions against bed model							

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)	£219,071	£219,071	£18,379	£18,771
4-03	EBITDA actual (£000)	£18,578	£18,578	£1,774	£1,803
4-04	I&E net surplus (£000)	£3,300	£3,300	£501	£524
4-05	CIP Savings achieved (£000)	£9,000	£9,000	£480	£399
4-06	Month end cash balance (£000)	£8,500	£8,500	£5,653	£11,189
4-07	Capital resource limit (£000)	£13,965	£13,965	£167	£113
4-08	Pay cost (% of income)	61.9%	61.9%	61.5%	61.5%
4-09	Average LOS Elective	2.95	2.95	3.05	3.10
4-10	Average LOS Emergency	4.8	4.8	4.8	4.7
4-11	Outpatients Did Not Attend	8.8%	8.8%	8.8%	10.2%
4-12	Outpatients New:Follow up Ratio	2.0	1.6	2.0	1.6
4-13	Day Case Rate (whole Trust)	81.4%	81.4%	81.5%	80.4%
4-14	Theatre Utilisation	85.0%	85%	85%	80%

Commentary on Patient Safety & Quality

Included with Quality Report.

Mike Baxter, Medical Director.

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

2-01/02 The Trust's establishment as at the end of month 1 was 3304. The Trust has set a target establishment WTE value of 3261 to be achieved by the end of the current year (March 2011). This is approximately 2% lower than the year-end figure for 2010/11 and will be achieved through implementation of agreed cost improvement programmes put forward by directorates. Vacancies for April were on target at 10% of establishment.

2-03/04 The Trust is now monitoring temporary staff usage by WTE and this is now included in the workforce balanced scorecard as two new indicators. Target levels of 45 wte for agency and 300 wte for bank per month have been set as the Trust's recognised level of 'contingent workforce'. Reported bank and agency usage for April totalled 316 wte, which is below the combined target level of 345 wte. However, this was skewed towards agency where usage was higher than target whilst bank usage was below target; in-house bank is preferable to agency for reasons of quality and consistency of care amd cost which is why these are included as two separate indicators in the scorecard.

2-05/06 Turnover has remained static compared with the preceding month and is on target. There has been a month-on-month improvement in retention of healthcare assistant and support staff since February. Stability has declined slightly although remains within the the target level.

2-07 Sickness rates are virtually static compared with the previous month. The figure is slightly higher than the same month in the previous year, although remains well within the expected seasonal pattern. It is anticipated that sickness rates will reduce over the forthcoming summer months.

2-08 The number of staff that have participated in an appraisal over the last year has increased slightly compared with the previous month to 72.2%. The Trust's focus during 2010/11 was to dramatically improve the appraisal rate across the organisation. A 72% rate for year-end was a significant achievement, and a further stretched target of 95% has been set for this forthcoming year. This year there will be a particular focus on the quality of the appraisal experience and not just on whether it has taken place.

2-09 The Staff Attitude Survey is an important and influential indicator of staff's experience at work and it is the Trust's aim to be one of the best in the country. As such, there is particular interest in benchmarking the organisation against other acute Trusts and monitoring the number of staff survey indicators where we rank in the top quartile. With this in mind, this has been included as a scorecard metric and will be monitored and reviewed through local and national surveys during the year.

2-10 This is a new indicator for the 2010/11 scorecard and reflects the essential role that the Trust's leadership programmes will play in development of the workforce over the coming year and beyond. The business plan includes a target of 600 staff to be participating in leadership development programmes and progress with this target will be monitored throughout the year.

2-11/12 These are two further new metrics - Consultant and non-career grade doctors per bed, and nurses per bed - 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. Further commentary and confirmation of target levels will be confirmed next month.

Commentary on Clinical Strategy

GP referrals are maintaining the flow of patients into outpatients in line with plan.

We are continuing to see higher levels of patients admitted for unplanned care. Numbers are 37% over 2008/9 levels for month 1, leading to increased deductions in contract income due to the non elective cap. The drivers behind the increase in non elective activity are being investigated. Work is underway both within the Trust and across NW Surrey to find new ways to manage non elective demand.

About 50% of the Trust's day surgey is being carried out at Ashford. Whilst 8% up on the previous year, this is still some 10% short of our target. The Trust is undertaking a comprehensive review of all day case activity as part of the theatre utilisation programme. This will see a cascade process of work from main theatres to day case theatres on both sites during the year.

Paul Bentley, Director of Strategy

Commentary on Finance and Efficiency

The Trust delivered its budget surplus in April despite the impact of deductions under the non elective cap being higher than budgeted.

Two financial indicators were red rated:

CIP savings at £399k were £81k short of target, with shortfalls in Theatres, T&O, Medicine and Emergency Services. These will be addressed in performance meetings with these Directorates in week commencing 24 May.

The **capital programme** was underspent by £54k. We expect this underspend to be recovered later in the year.

The six new efficiency indicators are broadly based on the Institute of Innovation's Better Care Better Value indicators. One of these efficiency metrics was red rated:

DNAs (outpatient did not attends) were 10.2%, which whilst consistent with recent experience at ASPH is 1.4% adrift of the 8.8% target which is based on the national average. The Trust has reviewed its booking and administrative processes through the EQUIP programme and will be implementing new ways of working this year which will standardise and improve booking processes and hence reduce DNAs.

John Headley, Director of Finance and Information