

TRUST BOARD
27th October 2011

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:	Raj Bhamber, Director of Workforce & Organisational Development John Headley, Director of Finance and Information Mike Baxter, Medical Director
Date:	20th October 2011
Decision:	For Noting

BALANCED SCORECARD

Position as at: **30 Sep 2011**

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

Patient Safety & Quality	Outturn 10/11	Annual Target 11/12	Annual Forecast 11/12	Sep Actual	Performance			YTD 11/12
					Jul	Aug	Sep	
1-01 Standardised mortality (Relative Risk)*	90.7*	82	90	76.6	▼	▲	▲	99*
1-02 Crude mortality	1.60%	1.60%	1.58%	1.36%	▼	▲	▲	1.54%
1-03 MRSA (Hospital only)	5	4	4	1	◀▶	▼	◀▶	2
1-04 C.Diff (Hospital only)	36	33	30	1	▼	▼	▲	12
1-05 Mortality from C.Diff (All cases)	10.3%	6.3%	8.8%	0.0%	▲	▼	▲	17.1%
1-06 Mortality from VTE	0.4%	0.35%	0.00%	0.0%	◀▶	◀▶	◀▶	0.0%
1-07 Mortality from Hip fractures	4.8%	4.6%	4.5%	2.4%	▼	▼	▲	4.3%
1-08 National Patient Survey>Avg responses	! New	>3	Annual measure					
1-09 Patient Satisfaction (NetPromoter Score)			60.0%	54.0%	▲	▼	▲	55.5%
1-10 Formal complaints	360	320	380	47	◀▶	▼	▼	219
1-11 SUIs	14	14	20	1	▲	◀▶	▲	13
1-12 Falls - resulting in significant injury (grade 3)	16	14	14	1	▼	◀▶	▲	5
1-13 Hip fractures treated within 36 hrs	93.0%	85%	96%	100.0%	▲	▼	▲	94.8%
1-14 Summated Adverse Report Index (SARI)	1,799	1,552	1590	133	▼	▲	▼	811
1-15 Average Bed Occupancy-Actual beds	94%	94%	94%	92%	▲	▼	▲	92%
1-16 Average Bed Occupancy-Planned beds	Work in progress							

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	Outturn 10/11	Annual Target 11/12	Annual Forecast 11/12	Sep Actual	Performance			YTD 11/12
					Jul	Aug	Sep	
3-01 Decrease Emergency Admissions (to 08/09 baseline)	25,678	23,077	23,182	1,871	▼	▼	▲	11,417
3-02 GP Referrals - increase elective activity	92,523	98,833	95,191	7,605	▼	▼	▲	45,031
3-03 % Day Surgery undertaken at Ashford	67.4%	70.0%	68.0%	64.5%	▲	▼	▼	66.7%
3-04 % OP undertaken at Ashford	33.0%	34.5%	34.1%	32.0%	▲	▲	▼	31.0%
3-05 % OP undertaken outside Trust	6.0%	7.0%	6.0%	5.8%	▼	▼	▲	6.0%
3-08 Readmissions within 30 days - Elective	3.1%	3.0%	3.0%	2.9%	▼	▼	◀▶	2.9%
3-09 Readmissions within 30 days - Emergency	15.0%	<12.00%	13.0%	13.8%	▲	▼	▼	14.0%
3-10 Readmissions from Nursing Homes	5.2%	5.20%	4.8%	2.6%	▼	▼	▲	4.6%
3-11 Overall Market Share Surrey PCT*	26%	>26%	25%	26%***	◀▶	◀▶	▲	25%
3-12 Local Market Share - Hounslow*	8%	>9%	9%	9%***	▲	▼	◀▶	9.0%
3-13 Local Market Share - Berkshire East*	12%	>12%	12%	14.1%***	▼	▼	▲	14.0%

*Source from June Dr Foster

*** Actual = June 2011 YTD =June 2011/12

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	Outturn 10/11	Annual Target 11/12	Annual Forecast 11/12	Sep Actual	Performance			YTD 11/12
					Jul	Aug	Sep	
2-01 Establishment (WTE)	3295	3228	3252	3273	▼	▲	▲	3273
2-02 Establishment growth (WTE)	! New	44	51	0	▼	◀▶	▲	51
2-03 CIPs WTE reduction	! New	111	101	10	▲	▲	▲	80
2-04 CIPs Pay Reduction from WTE	! New	£3,157k	£2,860	£283,087	▲	▲	▲	£1,118
2-05 Vacancies (WTE)	8.8%	<10%	<10%	9.9%	▲	▼	▼	9.9%
2-06 Agency Staff use (WTE)	44	<40	<40	30	▲	▲	▼	29
2-07 Bank staff use (WTE)	290	<305	<305	244	▲	▲	▲	260
2-08 Staff turnover rate	12.7%	<12%	<12%	14.0%	◀▶	▼	▼	14.0%
2-09 Stability	89.6%	>88	>88	89.7%	◀▶	▼	▲	89.7%
2-10 Sickness absence	2.9%	<3.25%	<3.25%	2.64%	▼	▲	▲	2.86%
2-11 Staff Appraisals	92.0%	100%	100%	85.7%	▲	▲	▼	85.7%
2-12 Consultants WTE:bed ratio	0.35:1	<0.39:1	<0.38:1	0.41:1	▼	▼	▲	0.41:1
2-13 Nurses WTE:bed ratio	1.95:1	<1.99:1	<1.99:1	1.93:1	▼	▲	▲	1.93:1
2-14 Staff Satisfaction	>50% top 20	>50% top 20	>50% top 20	50%	◀▶	◀▶	◀▶	50%
2-15 Staff in leadership programmes	! New	600	600	28	▲	▲	▲	324
2-16 EQUIP Trained	46	250	100	9	▲	◀▶	▲	46
2-17 Statutory and Mandatory Staff Training	! New	TBC	85%	44%	NEW	NEW	▲	44%

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

Finance & Efficiency	Outturn 10/11	Annual Target 11/12	Annual Forecast 11/12	Sep Actual	Performance			YTD 11/12
					Jul	Aug	Sep	
4-01 Monitor financial risk rating	4	3	3	3	◀▶	◀▶	◀▶	3
4-02 Total income excluding interest (£000)	£224,559	£219,527	£224,926	£18,782	▲	▲	▲	£110,532
4-03 EBITDA actual (£000)	£16,703	£17,419	£16,373	£1,485	▼	▼	▼	£6,772
4-04 I&E net operational surplus (£000)	£3,314	£2,100	£2,100	£241	▼	▼	▼	£419
4-05 CIP Savings achieved (£000)	£9,014	£12,000	£10,865	£792	▼	▼	▼	£4,617
4-06 Month end cash balance (£000)	£18,656	£15,529	£15,529	£17,229	▼	▼	▼	£17,229
4-07 Capital expenditure purchased (£000)	£9,158	£14,066	£13,309	£343	▼	▼	▼	£3,049
4-08 Average LOS Elective	2.95	2.95	2.9	2.89	▼	▼	▲	3.10
4-09 Average LOS NonElective	4.90	4.80	5.00	5.13	▲	▲	▲	5.53
4-10 Outpatients Did Not Attend *	10.6%	9.5%	9.0%	7.9%	▲	▲	▲	10.0%
4-11 Day Case Rate (whole Trust)	82.9%	84%	84.0%	78.4%	▼	◀▶	▼	81.8%
4-12 Theatre Utilisation	86.8%	80.0%	80.0%	68.0%	New Method			68.0%
4-13 Non-Elective Cap	! New	To be confirmed by NHS Surrey						
4-14 Readmissions penalty	! New							

*4-10 - DNA targets: By Mth 12 <=8.5% with annual outturn of 9.5%. Plan to reduce DNA each month: **Month 6 target=9.6%**.

Trust Balanced Scorecard - September 2011

Commentary on Patient safety and Quality - Mike Baxter, Medical Director

1-01 Dr Foster has applied a new calculation to all trusts SMR. A value of 100 represents the level of expected mortality. The Trust's value of 76.6 represents an excellent performance. More detailed information on the Trust's national position will be available shortly. The Trust has been contacted by Dr Foster and informed that ASPH has performed at a very high level, indeed has performed at the expected level or above on all but 3 parameters. These are hospital acquired pneumonia post stroke, % stroke patients discharged home and the Trust's response to NPSA alert closure. The first 2 items are clinical issues with acquired pneumonia potentially reflect clinical care. These observations will be reviewed. The Trust's position on the closure of NPSA alerts has been discussed and approved by the Board at a previous meeting.

1-02: The Trust's CMR of 1.36% is an improvement on last month's value and is discussed in more detail elsewhere.

1-03: The Trust is reporting a second MRSA case. This actually reflects a second positive sample in the same patient and does not reflect a true second case. The Trust is contesting the attribution of this "second case" to the Trust's figures. The Trust remains confident in its HAI processes and performance.

1-04: The Trust's C.Diff performance is still impressive with a in month figure of 1 case, with a YTD number of 12. The Trust is predicted to deliver under the Trust target of 30.

1-13: The Trust has recorded a 100% delivery of the fractured neck of femur operative target. The Trust's mortality is 2.4% which as has been previously represents the lowest rate in the country. The Trust is also recording rates of approaching a 100% for time to review by orthogeriatrician, falls assessment and bone health assessment. This testifies to the high quality of the whole service with clear benefits to the patient.

Trust Balanced Scorecard - September 2011

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

2-01/02 At 30 September 2011, the establishment was 3273 WTE. This was a reduction of 10.19 WTE posts removed as CIPs in the month. The forecast for 31 March 2012 has been adjusted from 3244 to 3252 WTE, and the financial saving to £2,859,933 to reflect the replacement of WTE-related CIPs schemes with schemes that will deliver a financial saving but not a WTE reduction.

2-03/04 80 WTE posts have been removed from the establishment supporting CIPs in the year to date. The financial saving from the WTE linked CIPs was £1,118k year to date, less than the £1,230k forecast for the year to date.

2-05 The vacancy rate has increased to 9.9% at the end of September, remaining within target for the year to date.

2-06 Agency use increased slightly in September; from 29 to 30 WTE, remaining within the target for the month. Medical Agency usage decreased to 12.2 WTE from 13.2 WTE last month. Nursing agency increased to 10.3 from 6.3 WTE last month.

2-07 Bank usage decreased in all staff groups this month, remaining within target for the year.

2-08 Turnover (number of leavers during previous 12 months expressed as percentage of the workforce) has increased to 14.0%, rising above the Trust target of 12% for the first time this year. Rotations for doctors in training have been excluded from this data.

2-09 Stability (percentage of the workforce with more than one year's service) has increased slightly this month, remaining within target for the year.

2-10 The sickness rate for ASPH has decreased to its lowest level this year, and remained within the target for 2011/12 of 3.25%. Sickness is reported one month in arrears to ensure full and accurate recording of the data.

2-11 The number of staff recorded as having an appraisal decreased at the end of September to 85.7%, below the target set for the year of 100%. At the end of September, Medical appraisals were recorded at 80% with 48 doctors outstanding. Action plans are in place by division for staff with outstanding appraisals (increase to 87% at 17 October).

2-12/2-13 In September the ratio of consultants per bed and qualified nurses per bed has decreased slightly, due to an increase in bed numbers.

2-14 The final response rate to the summer staff survey was 57%, the same as last year. A high level review indicates no key findings in the bottom 20% (an improvement from 1 key finding in the national survey last year) however there is no change overall in that 8 key findings remain below average. The National Staff Survey was launched on 3 October 2011. The target response rate is 71% to meet or exceed last year. Results will be published in Spring 2012.

2-15 The report shows that 28 members of staff joined a programme in September, bringing the cumulative total to 324 for the year to date. The North West Surrey Future Leaders programme was launched on 19th September with 13 ASPH leaders enrolled onto the programme. The second Good to Great Masterclass took place on 28th September with Professor Michael West and Captain Phil Highton delivering a session on Safety and the Customer Experience.

2-16 The target for Equip Bronze Training has been reforecast for the remainder of the 2011/12 financial year to 100 staff trained for the year. A course will be run each month with a minimum target of 9 people per month.

2-17 This is the second month that the scorecard includes the mandatory training compliance rate, and indicates that overall compliance has increased to 44%. The Mandatory Training Committee is overseeing the reporting process and monitoring compliance by subject area and will develop action plans where required.

Trust Balanced Scorecard - September 2011

Commentary on Strategy - Mike Baxter, Medical Director

3-01 The in month value for emergency admissions has shown an improved performance with nearly 100 less cases admitted in September. This gives a six month figure of 11,417 which gives a weighted forecast of 23,182. Although this is slightly higher than the projected target, it represents a 10% reduction in emergency activity on the 10/11 outturn.

3-02 The in month figure has increased by 250 cases giving a projected forecast of 95,191. Although this represents a 3% increase on the 10/11 outturn, it is still indicating a 4% reduction on the 11/12 target. This represents an improvement in our elective activity.

3-08 Our elective emergency readmissions remain stable at 2.9% and is tracking to deliver a reduction of 7% on 10/11 outturn.

3-09 Emergency Emergency readmissions has shown a small in month increase (12.9 – 13.8%) but our year to date performance represents a 7% reduction in readmissions.

3-10 Readmissions from nursing homes have shown a dramatic improvement from last month's disappointing figure of 6.5% (2.6%). This represents a 40% reduction in readmissions in month and our year to date figure indicates that there will be a 12% reduction in nursing home readmissions over 10/11 outturn.

3-11/13 There has been a small increase in market share from Surrey and Hounslow but a more significant rise in market share from Berkshire East (11% - 14.1%). This represents a 22% increase in activity from this area. This may represent an increase in activity as a consequence of a change in service provision by a neighbouring trust. This is a trend which we will explore and exploit.

Trust Balanced Scorecard - September 2011

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

4-01 The FRR continues as a solid 3, although we had budgeted a move up to 4 this month. The lower FRR is due mainly to EBITDA tracking below budget. The budget score for the year end is 3, and we are continuing to forecast that this will be achieved..

4-03 EBITDA of £6.8m over the half year was £1.5m less than plan. A favourable income variance of £1.6m largely relates to a prudent income budget, as the current level of overperformance on the NHS Surrey contract falls within the £2m cap which is retained by the commissioner. There are overspends on both pay (£2.0m) and non pay (£1.1m). In recent months pay cost has been trending down as the Trust has fewer escalation beds open and a number of planned headcount reductions to achieve cost saving targets are being delivered. Non pay costs exceeded budget in September due to catering, cleaning and linen.

4-04 Year to date surplus of £0.4m is £0.6m behind budget. The shortfall is less than the EBITDA shortfall as there are offsetting savings on impairments and depreciation.

4-05 CIPs forecast for the year now stands at £10.9m, we continue to work to deliver the target of £12m.

4-06 Following the half yearly payment of PDC dividend and DH loan repayment, cash stands at £17m - broadly in line with plan.

4-08/09 Elective and non elective lengths of stay were down in the month, indicating a focus on discharges and better patient flow through our hospitals.

4-10 Outpatient DNAs (no shows) showed a second month of reduction following the implementation of a new patient reminder process (text messages and reminder calls).

	Annual Threshold 11/12	Descriptions	Denominator:	Numerator:	Calculation:
1-01 Standardised mortality (Relative Risk)	82	The HSMR is a standardised measure of hospital mortality devised by Professor Sir Brian Jarman of Imperial College London, and published every year by Dr Foster in the <i>Hospital Guide</i> . It is the observed number of in-hospital spells resulting in death divided by an expected figure, for a basket of 56 diagnoses which represent 80% of hospital mortality in England. Day cases are excluded unless the patient died. The expected figure is derived from a logistic regression model which adjusts for case-mix factors.	Expected number of in-hospital deaths derived from logistic regression, adjusting for factors to indirectly standardise for difference in case-mix for the 56 diagnosis groups. Adjustments are made for: Sex Age on admission (in five year bands up to 90+) Admission method (non-elective or elective) Socio-economic deprivation quintile of the area of residence of the patient (based on the Carstairs Index) Primary diagnosis (based on the Clinical Classification System - CCS group) Co-morbidities (based on Charlson Score) Number of previous emergency admissions Year of discharge (financial year) Palliative care (whether the patient is being treated in speciality of palliative care) Exclude cases Daycases (where classpat = 2 in the first episode)	All spells culminating in death (method of discharge as death (DISMETH=4), defined by specific diagnosis codes for the primary diagnosis of the spell.56 diagnosis groups which contribute to 80% of in-hospital deaths in England.	The ratio of the observed number of in-hospital deaths to the expected number of deaths, multiplied by 100
1-02 Crude mortality (Died in hospital)	1.60%	Showing the percentage of total died in the hospital over total admissions in a given time period.	Total admitted patients in a given time period.	Total deceased patients in the same time period where died in hospital. Discharge Method was 4 on PAS.	Total deceased/Total admitted
1-03 MRSA (Hospital only)	4	Hospital acquired MRSA case i.e. post 48hrs admission.			Count of post 48hrs MRSA case in a given time period.
1-04 C.Diff (Hospital only)	33	Hospital acquired C. Diff case i.e. post 72hrs admission.			Count of post 72hrs C.Diff case in a given time period.
1-05 Mortality from C.Diff (patients with C.Diff who die)	6%	The percentage of the observed number of deaths at a given trust to the number of admissions for a particular C.Diff diagnosis.	Every finished inpatient spell at an acute trust for C.Diff diagnosis, ICD 10 code A047.	Total death of every finished inpatient spell at an acute trust caused by C.Diff diagnosis. Discharge method=4 and diagnosis='A047'.	Total C.Diff Deaths/Total C.Diff Admissions
1-06 Mortality from VTE (patients with VTE who die)	0.35%	The percentage of the observed number of deaths at a given trust to the number of admissions for a particular, VTE diagnosis.	Every finished inpatient spell at an acute trust for VTE diagnosis, ICD 10 code I80*, I81*, I82* and I83*.	Total death of every finished inpatient spell at an acute trust caused by VTE diagnosis. Discharge method=4 and diagnosis='I80*', 'I81*', 'I82*' and 'I83*'.	Total VTE Deaths/Total VTE Admissions
1-07 Mortality from Hip fractures - (patients with Hip Fractures who die)	4.60%	The percentage of the observed number of deaths at a given trust to the number of admissions for a particular, Hip Fractures diagnosis.	Every finished inpatient spell at an acute trust for hip fractures diagnosis, ICD 10 code S72*.	Total death of every finished inpatient spell at an acute trust caused by hip fractures diagnosis. Discharge method=4 and diagnosis='S72*'.	Total Hip Fractures Deaths/Total Hip Fractures Admissions
1-08 National Patient Survey (Top 20)	>3				
1-09 Patient Satisfaction (NetPromoter Score)	90%	NPS is based on the fundamental perspective that every company's customers can be divided into three categories: Promoters, Passives and Detractors. By asking one simple question – How likely is it that you would recommend to a friend or colleague? You can track these groups and get a clear measure of your company's performance through its customer's eyes. Currently the NPS is calculated assuming patients that respond 'YES' are promoters, those that respond 'NO' are detractor. The 'Possibly' are passives and therefore removed from the calculation. The band fro Detractors is wide – scoring from 1-6 of the ten possible options. Passives score 7-8 and the Promoters 9-10.	Promoters: Currently the NPS is calculated assuming patients that respond 'YES' are promoters	Detractors: Detractors: those that respond 'NO' are detractor	NetPromoter Score =%Promoters-%Detractors
1-10 Formal complaints	320				Straight count of formal complaints of the month
1-11 SUIs	14				Straight count of Serious Unwanted incident of the month
1-12 Falls - resulting in significant injury (grade 3)	14				Straight count of falls grade 3 and above.
1-13 Hip fractures treated within 36 hrs	85%	The percentage of the Hip fractures patients who were treated within 36hr of admission at the trust to the total number of hip fractures admissions.	Total patients with hip fractures.	Total patients with hip fractures treated within 36 hrs plus delayed patients because medical reasons.	Sum(Total hip fractures admitted patients treated within 36 hrs plus delayed patients for medical reasons)/Sum(Total hip fractures admitted patients)
1-14 Summated Adverse Report Index (SARI)	1552				Sum (Total Deaths in 1-02/03/04/05/06/07; total complaints, total SUIs, total Falls, total breaches of Hip fractures not treated within 36hrs)
1-15 Average Bed Occupancy	94%		Count of daily trust beds total.	Count of daily trust occupied beds total	Sum(Count of daily trust occupied beds total)/Sum(Count of daily trust beds total)
1-15-1 Highest Bed Occupancy on any one day					
1-15-2 Median bed occupancy					
1-15-3 95 th percentile bed occupancy					
1-16 Patient Moves	28,566	To analyse patient moves in depth, following facts need to be taken into consideration:			total count of patients who were transferred from one ward to another
1-16-1 Outliers		Patients are in the inappropriate clinical area/wards i.e. medical patients are in surgical wards.			
1-16-2 Move of outliers		Move patients from inappropriate clinical areas/wards to the appropriate clinical areas/wards.			
1-16-3 Move of patient due to bed/ward closure					
3-01 Decrease Emergency Admissions (to 08/09 baseline)	23,077	08/09 baseline=23,077 10/11 outturn=25,678			Total deceased/Total admitted
3-02 GP Referrals - increase elective activity	98,833	Total number of patient referral records where referral source in 92, 03 and 12 – GP referrals.			
3-03					
3-03 % Day Surgery undertaken at Ashford	70.00%				
3-03-01 % Surgery Daycase (Planned)		To measure the total Daycases (admission method in 11,12 and 13; LOS=0 and intended management=2 and only surgical specialities: Breast Surgery, Colorectal Surgery, ENT, General Surgery, Maxillo-Facial Surgery, Trauma & Orthopaedics, Upper GI Surgery, Urology and Vascular Surgery) at Ashford hospital to the total dayc Daycases ases of the trust.	Total Daycases (admission method in 11,12 and 13; LOS=0 and intended management=2) of surgical specialities: Breast Surgery, Colorectal Surgery, ENT, General Surgery, Maxillo-Facial Surgery, Trauma & Orthopaedics, Upper GI Surgery, Urology and Vascular Surgery.	Total Daycases at Ashford RTK02 (admission method in 11,12 and 13; LOS=0 and intended management=2) of surgical specialities: Breast Surgery, Colorectal Surgery, ENT, General Surgery, Maxillo-Facial Surgery, Trauma & Orthopaedics, Upper GI Surgery, Urology and Vascular Surgery.	

	Annual Threshold 11/12	Descriptions	Denominator:	Numerator:	Calculation:
3-03-02	% Surgery in a day	To measure the total surgical procedures (were carried out at Theatre and LOS=0) at Ashford to the total of surgical procedures (were carried out at Theatre and LOS=0) of the trust.			
3-04	% OP undertaken at Ashford	34.50%	Total Attended outpatient appointments at Ashford RTK02 and St Peter's RTK01	Total Attended outpatient appointments at Ashford RTK02	Total attended OP ASH/Total attended OP ASH and SPH
3-05	% OP undertaken outside Trust	7.00%	Total attended outpatient appointments. All treatment site code inclusive.	Total attended outpatient appointments. Treatment site codes other than RTK01 and RTK02	Total attended OP (treatment site code not in RTK01 and RTK02)/Total attended OP (all treatment site codes)
3-06	Bed profile against bed model	To compare total actual beds to the planned/available beds in a given time period.			
3-07	Average escalation beds opened at SPH		Total days of the month	Daily counts of escalation beds opened at SPH	Sum daily escalation beds opened at SPH/Total days of the month
3-08	Readmissions within 30 days - elective	2.97%	Total number of discharged Elective patients from the unit per month, divided by the number patients from the unit readmitted within 30 days to the same hospital.	Total number of admitted elective spells where admission dates within 30 days of same discharged spells	Total number of admitted elective spells where admission dates within 30 days of same discharged spells/ Total number of discharged elective spells
3-09	Readmissions within 30 days - emergency	<12.00%	Total number of discharged Emergency patients from the unit per month, divided by the number patients from the unit readmitted within 30 days to the same hospital.	Total number of discharged emergency spells	Total number of admitted emergency spells where admission dates within 30 days of same discharged spells
3-10	Readmissions from Nursing Homes	7.02%	Total number of discharged patients (discharged to nursing homes) from the unit per month, divided by the number patients from the nursing homes readmitted within 30 days to the same hospital.	Total readmissions	Total readmissions from Nursing Homes/ Total readmissions
3-10_01	Readmissions from Nursing Homes - Elective	Total number of discharged Elective patients (discharged to nursing homes) from the unit per month, divided by the number patients from the nursing homes readmitted within 30 days to the same hospital.			
3-10_02	Readmissions from Nursing Homes - Emergency	Total number of discharged Emergency patients (discharged to nursing homes) from the unit per month, divided by the number patients from the nursing homes readmitted within 30 days to the same hospital.			
3-11	Overall Market Share Surrey PCT	>26%	This measure includes at ALL practices located with Surrey PCT and ALL speciality codes	Total outpatient appointments.	Total outpatient appointments taking place at the trust, both ASH and SPH.
3-12	Local Market Share - Hounslow	>9%	This measure includes the 22 practices who make up the Hounslow Central locality of Hounslow PCT and focuses on our 28 core specialities	Total outpatient appointments.	Total outpatient appointments taking place at the trust, both ASH and SPH.
3-13	Local Market Share - Berkshire East		This measure includes the 9 Berkshire East practices that fall within our catchments (Ascot, Windsor and Datchet) and focuses on our 28 core specialities	Total outpatient appointments.	Total outpatient appointments taking place at the trust, both ASH and SPH.
	Workforce	Annual Threshold 11/12	Descriptions	Denominator:	Numerator:
2-01	Establishment (WTE)	3182	Total number of posts Established in ESR at month end.		
2-02	CIPs WTE reduction	115	Reduction in establishment in ESR at month end (including reduction of posts and growth of posts) as defined in business plans, to show net change		
2-03	CIPs Pay Reduction		Value in £ of net change of establishment		
2-04	Vacancies (WTE)	<10%	Number of vacant posts (WTE) as a percentage of the total establishment (WTE)	Vacant posts (WTE)	Established posts (WTE)
2-05	Agency Staff use (WTE)	<40	WTE of agency staff used in organisation in the month.		Hours worked by agency staff / full time month hours for each staff group
2-06	Bank staff use (WTE)	<305	WTE of bank staff used in organisation in the month.		Hours worked by bank staff / full time month hours for each staff group
2-07	Staff turnover rate	<12%	The number of leavers in last 12 months as a percentage of the average number of staff in post over the year, excluding doctors in training. As defined by NHS ic	Number of leavers in last 12 months (headcount)	Average number of staff in post (headcount) over last 12 months
2-08	Stability	>90	The number of staff with one or more year's service as a percentage of total number of staff exactly one year earlier. As defined by NHS ic	Number of staff (headcount) with one or more than 1 year's service	Number of staff in post (headcount) one year ago.
2-09	Sickness absence	<3.25%	Number of hours recorded as sickness in the month, as a percentage of the available working hours in that month	Number of hours recorded as sickness	Number of available working hours (excluding other leave such as annual leave, study leave, jury service, suspension etc)
2-10	Staff Appraisals	100.00%	Number of staff with appraisal completed in last 13 months as percentage of staff eligible to participate in appraisal	Number of staff with appraisal completed in last 13 months (headcount)	Number of staff (headcount) excluding new starters in first 6 months, staff on long-term sickness, maternity leave, career break, suspension, other performance arrangement
2-11	Consultants WTE:bed ratio	<036:1			
2-12	Nurses WTE:bed ratio	<1.99:1			
2-13	Staff Satisfaction	>50% top 20			
2-14	Staff in leadership programmes	600	Number of staff (headcount) participating in leadership programmes, counted as a cumulative figure during the financial year.		
2-15	EQUIP Trained	250	Number of staff (headcount) undertaking Equip bronze training counted as a cumulative figure during the financial year.		
2-16	Statutory and Mandatory Staff Training	85%	Number of staff with statutory and mandatory training up to date within the time period, as a percentage of staff required to undertake statutory/mandatory training	Number of staff with statutory and mandatory training up to date (headcount)	Number of staff required to undertake Statutory/mandatory training (excluding staff on long-term sickness, maternity leave, career break, suspension)
	Finance & Efficiency	Annual Threshold 11/12	Descriptions	Denominator:	Calculation:
4-01	Monitor financial risk rating	4			
4-02	Total income excluding interest (£000)	£219,070			
4-03	EBITDA actual (£000)	£22,100			
4-04	I&E net surplus (£000)	£3,700			
4-05	CIP Savings achieved (£000)				
4-06	Month end cash balance (£000)	£8,500			
4-07	Capital Expenditure (£000)	£13,700			
4-08	Average LOS Elective	2.95			
4-09	Average LOS Emergency	4.8			
4-10	Outpatients Did Not Attend	8.8			
4-11	Day Case Rate (whole Trust)	84%			
4-12	Theatre Utilisation	90			
4-13	Non-Elective Cap				
4-14	Readmissions penalty				