Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
28th April 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:	Valerie Bartlett, Deputy Chief Executive Raj Bhamber, Director of Workforce & Organisational Development John Headley, Director of Finance and Information
Date:	20th April 2011
Decision:	For Noting

Ashford & St Peter's Hospitals NHS Trust
BALANCED SCORECARD

Position as at: 31 Mar 2011

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	10/11 YTD	Actual	Change			YTD v Target Var
1-01	Standardised mortality (Relative Risk)*	82	91.8**	94.3**	▼	▼	▲	12%
1-02	Crude mortality	2.6%	1.6%	1.7%	▲	▲	▼	-1.0%
1-03	MRSA (Hospital only)	5	5	0	◄►	◄►	◄►	0.0%
1-04	C.Diff	67	36	3	▲	▲	▼	-46.3%
1-05	Patient Satisfaction (Your Feedback)	90%	77.3%	80.6%	▼	▲	▲	-12.7%
1-06	Formal complaints	361	360	38	▼	▲	▼	-0.3%
1-07	SUIs	14	14	0	▼	◄►	◄►	0%
1-08	Falls - resulting in significant injury (grade 3)	29	16	1	◄►	◄►	◄►	-45%
1-09	Hip fractures treated within 36 hrs	85%****	93.0%	96.4%	▲	▼	▼	8.0%
1-10	Readmissions within 14 days	3.7%	3.5%	3.6%	▲	▲	▲	-0.2%
1-11	VTE Assessment	90%	85.2%	92%	▲	▲	▲	-4.8%
1-12	Summated Adverse Report Index (SARI)	1924	1799	218	▼	▼	▼	-6%

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)	3270	3297	3295	3295	◄►	▼	▲
2-02	Vacancies (WTE)	<10%	<10%	8.8%	9.0%	▼	▼	▲
2-03	Agency Staff use (WTE)	<45	45	44	41	◄►	▼	▼
2-04	Bank staff use (WTE)	<300	300	290	300	▼	▼	▲
2-05	Staff turnover rate	<13%	<13%	12.7%	12.0%	▲	▲	▼
2-06	Stability	>87%	>87%	89.6%	93.1%	▲	◄►	▼
2-07	Sickness absence	<3.5%	<3.5%	2.93%	3.49%	▼	▲	▲
2-08	Staff Appraisals	>95%	95.0%	92.0%	88.2%	▼	▼	▲
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	18	18	◄►	▲	◄►
2-12	Staff in leadership programmes	600	600	693	527	▲	▲	▲

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	10/11 YTD	Actual	Change			YTD v Target Var
3-01	Decrease Emergency Admissions (to 08/09 baseline)	23,077	25,678	2,051	▲	▲	▼	11%
3-02	GP Referrals - increase elective activity	98,833	92,523	8,225	▲	▲	▲	-6%
3-03	Overall Market Share Surrey PCT*	>26%	25.8%	25.6%***	▼	▲	◄►	-0.2%
3-04	Local Market Share - Woking & W Byfleet*	>75%	73.3%	71.3%***	◄►	▼	▲	-1.7%
3-05	Local Market Share - Feltham & Bedfont*	>30%	30.2%	28.7%***	▼	▲	▲	0.2%
3-06	Local Market Share - Hounslow*	>9%	7.8%	6.9%***	▼	▲	▲	-1.2%
3-07	Local Market Share - Mid Surrey (inc. Cobham)*	>1.5%	1.8%	2.1%***	▲	▼	▲	0.3%
3-08	% Day Surgery undertaken at Ashford	70.0%	67.4%	67.5%	▲	▼	▼	-2.6%
3-09	% OP undertaken at Ashford	34.5%	33.0%	32.4%	▼	▲	▼	-1.5%
3-10	% OP undertaken outside Trust	7.0%	6.04%	6.02%	▼	▲	◄►	-1.0%
3-11	Bed reductions against bed model	454	450	450	▲	▼	▲	-1%
3-12	Average escalation beds opened at SPH			45	New	▲	▼	45

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

	Finance & Efficiency	Annual Target	YTD Actual
4-01	Monitor financial risk rating	4	4
4-02	Total income excluding interest (£000)	£219,070	£224,559
4-03	EBITDA actual (£000)	£18,578	£16,703
4-04	I&E net surplus (£000)	£3,300	£3,314
4-05	CIP Savings achieved (£000)	£9,000	£9,014
4-06	Month end cash balance (£000)	£8,500	£18,656
4-07	Capital resource limit (£000)	£10,965	£9,158
4-08	Pay cost (% of income)	61.9%	62.7%
4-09	Average LOS Elective	2.95	2.95
4-10	Average LOS Emergency	4.8	4.9
4-11	Outpatients Did Not Attend	8.8%	10.6%
4-12	Outpatients New:Follow up Ratio	2.0	1.8
4-13	Day Case Rate (whole Trust)	81.4%	82.9%
4-14	Theatre Utilisation	85.0%	86.8%

* Source data from Dr Foster ** Actual = Jan 2011 YTD =Apr-Jan 2010/11

*** Actual = Jan 2010/11 YTD =Apr-Jan 2010/11 ****Q2=70% Q3 = 85%

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

1-01/02: The Trust's mortality data gives assurance to the Board of the Trust's overall outcome performance. The data and analysis is reinforced by the more detailed mortality report. The Trust's year end SMR data shows a figure of 91.8 which is 12% higher than the Trust's self imposed target of 82, and also higher than last year's figure of 83. The increase in SMR appears to relate to a period of high emergency activity, when the Trust saw an increase in the number of younger critically ill patients requiring critical care and respiratory support. This activity has returned to normal levels. The in-month mortality figures show a significant improvement from last month with the SMR of 107 recorded in February falling to a figure of 94 for March. As previously noted, there are no Dr Foster alerts or specific areas for concern. The Board's attention is also directed to the CMR data, which some authorities consider a more accurate, and sensitive, measure of hospital mortality. This figure is 1.6% which is 1% lower than the Trust target of 2.6%.

1-03/04: The Trust delivered the MRSA target of 5 cases for 2010/2011 and had recorded 9 months without a case of MRSA marking an excellent performance and reflecting the Trust's absolute commitment to reducing HAI. The Trust also delivered its C.Diff target with a year total of 36 cases marking a 46% improvement on the PCT imposed target value of 67 cases. This improved performance C.Diff infection rate is translated into the Trust's C.Diff mortality data. In 2009/2010 the C.Diff mortality at ASPH was 11%, the 2010/2011 performance is now recording a figure of 5%. This represents a 55% reduction in mortality. This important outcome measure will be tracked in the 2011/2012 dashboard.

1-08: The number of serious falls recorded within the Trust in 2010/2011 was 16 showing a 45% improvement on the Trust's own target of 29 and marks a significant improvement in performance over this year.

1-09: The number of hip fractures treated within 36 hrs of admissions has also shown a large and sustained improvement in performance in 2010/2011. The year figure of 93% is significantly better than the Q4 target set by the PCT of 85%. This performance also shows a great improvement over last year's outturn which showed 82% of patients were treated within 48 hrs of admission. This procedural performance metric is also translated into a low mortality rate for fractured hip of 5% which compares favourably against the national average of 7%. Mortality related to fractured neck of femur will tracked in the 2011/2012 dashboard.

1-11: VTE prophylaxis is recorded at 85% with a Q4 performance of over 90%. Although the year target is recorded as 90%, this is in fact the Q4 target, as there was a graded target imposed over the year. The Trust is reminded that the SEC SHA have quoted ASPH as an exemplar site with an excellent performance in this area.

1-12: The Trust's SARI, is a self designed index of avoidable harm. The Trust has recorded a value of 1799 events on this index which is a 6% improvement on the Trust's self imposed target of 1924. This improvement in performance is reinforced by the comparison with last year's outturn where a SARI value of 2690 was recorded. This represents an improvement of 34% or 891 less adverse events occurring in the Trust in 2011/2012.

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

2-01/02 The Trust's establishment at the end of March was 3295 whole-time equivalents, the same as the previous month, and this reconciles with the financial establishment for year end. The year-end establishment target was adjusted to 3297 based on reconciliation against the 2010/11 CIP programme. The year-end figure is 2.0 WTE lower than projection. Vacancy levels have decreased slightly from last month to 8.75%, ending the year within target. The number of staff substantively employed by the Trust has increased to 3003 WTE.

2-03/04 The overall level of agency usage increased to 44 WTE for March, within the target for the month. The average for the year April to March is 40 WTE. Nursing agency usage increased by 5.3 WTE and medical agency decreased by 3.8 WTE; the latter continues to be the subject of close scrutiny.

Bank usage reduced to 289 WTE in March and remained within target.
Overall, temporary staffing levels have been commendable in the light of activity pressures.

2-05/06 Stability (percentage of the workforce with more than one year's service) has decreased to 89.6% this month, ending the year above target. Turnover (number of leavers during previous 12 months expressed as percentage of the workforce) has increased to 12.7% as a result of 47 staff leaving the Trust in the month and 20 new starters joining. Turnover ends the year within target.

2-07 The sickness rate for ASPH was 2.93% in February, and is lower than the target of 3.5%. As expected this is a significant decrease from the high rates seen in January (3.49%) and December (3.93%) and mirrors the pattern in previous years. The average rate for the year to date from April 2010 to February 2011 is 3.31%. This is below the SEC target of 3.5% for the year.

2-08 The number of staff recorded on ESR as having participated in an appraisal during the last year has increased at year end to 92%. This is below the target set for the year of 95% but is the highest level achieved during the financial year. Medical appraisals are at 97.5% with 6 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.

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. This ratio is based on 564 beds including escalation beds. This measure has been reviewed and recommended that for the new financial year the calculation will include numbers of employed nurses (ie. permanent and temporary) against actual bed numbers (normal and escalation).

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 national staff attitude survey results have now been published and show that the Trust has exceeded the annual target of increasing the numbers of key findings in the top 20% from 3 (reference 2009 results) and 7 (mid 2010 survey) to achieve a fantastic year end performance of 18 key findings in the top 20%. Reflected against a response rate of 71.3% of staff completing the survey, this gives us a clear picture of staff views and experiences. A workshop was held on 8 April with representation from all divisions to develop an action plan for celebrating thirty key findings at average and above, and addressing the eight key findings which are below average.

2-12 Masterclass 4 - Leading from Good to Great in Patients' Perceptions was held at The Royal Holloway University of London in March, with 166 attendees to hear the inspirational speaker Fred Lee, author of 'If Disney ran your Hospital - 9 1/2 things you would do differently'. Feedback from delegates was extremely positive and has motivated staff to take back actions to their areas to improve the patient experience. The Ward Managers programme is progressing well with 29 participants. The second cohort for Good to Great has begun with 70 participants recruited to date. The Speciality Lead Development Programme has also been finalised and will be launched on 19 April 2011.

Commentary on Clinical Strategy - Valerie Howell, Deputy Chief Executive

3-01 Following a significant drop in February, emergency admissions have increased again in March. The final year end figure was 11% above the annual target (or 2,300 admissions above the plan). To improve the situation in 2011/12 the 'Spring Plan' was launched in April. Components of which include transforming the old AAU area into a "Pitstop", off loading patients from ambulances in a safe environment, and the introduction of a "flying squad", who are out and about giving support early in the day to stop patients from being admitted into hospital.

3-02 GP referrals increased by 17% in March from the previous month, which in itself had increased from both December and January. The Trust currently has four established joint working community clinics in place with the GP consortia of North West Surrey. Specialities involved are Dermatology, Ophthalmology, Gynaecology and Orthopaedics.

3-03/07 The latest Dr Foster market share data available is January 2011. Throughout 2010/11 the percentage quoted has been for OP market share. From next month this will change to Elective market share to bring it in line with the corresponding corporate objective. In a review of practices that fall under the Trust's natural catchment area the decision has been made to remove Hounslow Central from the dashboard and replace it with Berkshire East.

3-08 The percentage of day surgery undertaken at Ashford, although achieving the 70% target in recent months, dipped to just below the target in March. A specialty level review showed virtually all specialties experienced a slight decline in this latest month of between 2-3%. As part of the 'Spring Plan' there will be a push to convert more specialties to further utilise the new 23 hour day surgery unit.

3-09 The percentage of outpatient work carried out at Ashford improved in March but remains just below the target, by about 1%

3-10 Outpatient work conducted outside the Trust also improved in March from the previous month but has been fairly steady all year at 6% compared to a target of 7%

3-12 The number of escalation beds open at SPH dropped slightly in March from 50 down to 45 with further reductions planned for April.

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

4-01 Financial Risk Rating for the year was 3.6 (rounding to 4).

4-03 EBITDA was £1.9m short of target due to additional non elective work over the winter period leading to the opening of unfunded beds. Elective activity was displaced and income capped within the context of an agreement reached with NHS Surrey earlier in the year.

4-04 At a surplus level this was counterbalanced by savings on depreciation and PDC dividend payments, hence the target £3.3m surplus was achieved.

4-05 The £9.0m CIP programme was delivered in full.

4-06 Cash balances amounted to a healthy £18.7m at the year end. Some of this relates to a £1.8m capital spend undershoot.

4-09 to 4-14 Clinical efficiency indicators were generally in line with target, with solid improvements made in day case rate and theatre efficiency. The one outlier was DNA rates which remained above 10%. Plans are in place for a more systematic use of texting and reminder calls which should substantially reduce the DNA rate during 2011/12.