Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
28th October 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:	Valerie Howell, Deputy Chief Executive Raj Bhamber, Director of Workforce & Organisational Development John Headley, Director of Finance and Information
Date:	21st October 2010
Decision:	For Noting

Ashford & St Peter's Hospitals NHS Trust
BALANCED SCORECARD

Position as at: 30 Sep 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	86.3**	▼	▲	▼	83.9**
1-02	Crude mortality	2.6%	1.5%	1.5%	▲	▼	▲	1.4%
1-03	MRSA (Hospital only)	5	5	0	▼	▲	◄►	5
1-04	C.Diff	**67**	48	3	▼	▲	▲	24
1-05	Patient Satisfaction (Your Feedback)	90%	90%	77.0%	New	▼	▲	76.7%
1-06	Formal complaints	361	348	27	▲	▲	▼	174
1-07	SUIs	14	12	0	◄►	▼	▲	6
1-08	Falls - resulting in significant injury (grade 3)	29	18	1	▼	▲	▼	9
1-09	Hip fractures treated within 36 hrs	**70%****	85.0%	83.4%	▲	▼	▲	70.0%
1-10	Readmissions within 14 days	3.7%	3.3%	2.6%	▲	◄►	▼	3.2%
1-11	VTE Assessment*****	90%	90%	89.0%	▲	▼	▲	82.6%
1-12	Summated Adverse Report Index (SARI)	1924	1884	126	▲	▲	▼	942

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	3270	3282	3278	▲	▲	▼
2-02	Vacancies (WTE)	<10%	<10%	9.2%	9.5%	▼	▼	▲
2-03	Agency Staff use (WTE)	45	45	18	22	▼	▲	▲
2-04	Bank staff use (WTE)	300	300	263	271	▲	▲	▲
2-05	Staff turnover rate	<13%	<13%	12.6%	11.4%	▲	▲	▼
2-06	Stability	>87%	>87%	90.1%	89.6%	▼	▲	▲
2-07	Sickness absence	<3.5%	<3.5%	3.2%	3.0%	▲	▼	▼
2-08	Staff Appraisals	95.0%	95.0%	88.8%	87.1%	▲	▲	▲
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	1.93:1	1.97:1	◄►	◄►	◄►
2-11	Staff satisfaction	>3	>3	7	7	◄►	▲	◄►
2-12	Staff in leadership programmes	600	600	353	285	▲	▲	▲

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	**25,735**	**2,175**	◄►	◄►	▼	**12,910**
3-02	GP Referrals - increase elective activity	98,833	**97,988**	**8,084**	▼	▼	▲	**48,359**
3-03	Overall Market Share Surrey PCT*	>26%	**26%**	**26%*****	◄►	◄►	◄►	**26%*****
3-04	Local Market Share - Woking & W Byfleet*	>75%	**75%**	**75.1%*****	▲	▲	▲	**75.1%*****
3-05	Local Market Share - Feltham & Bedfont*	>30%	**28%**	**27.1%*****	▼	▼	▼	**27.1%*****
3-06	Local Market Share - Hounslow*	>9%	**9%**	**8.4%*****	▼	▲	◄►	**8.4%*****
3-07	Local Market Share - Mid Surrey (inc. Cobham)*	>1.5%	**1.5%**	**1.7%*****	▲	▼	◄►	**1.7%*****
3-08	% Day Surgery undertaken at Ashford	52.0%	**52.0%**	**71.7%**	▲	▼	▲	**64.8%**
3-09	% OP undertaken at Ashford	34.5%	**33.2%**	**32.2%**	▲	▲	▼	**32.8%**
3-10	% OP undertaken outside Trust	7.0%	**6.3%**	**5.8%**	▲	▼	▲	**6.1%**
3-11	Bed reductions against bed model	454	454	437	▲	▲	◄►	437

* Source data from Dr Foster
** Actual = July 2010 YTD =2010/11
*** Actual = Q1 2010/11 YTD = 2010/11
**** Q2=70% Q3 = 85%
***** Based on wards where full VTE data is available

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)	£219,052	£223,346	£109,332	£111,555
4-03	EBITDA actual (£000)	£18,578	£16,846	£9,468	£8,711
4-04	I&E net surplus (£000)	£3,300	£3,300	£1,829	£1,937
4-05	CIP Savings achieved (£000)	£9,000	£9,000	£3,730	£3,732
4-06	Month end cash balance (£000)	£8,500	£12,128	£9,843	£10,045
4-07	Capital resource limit (£000)	£10,965	£10,965	£3,485	£2,196
4-08	Pay cost (% of income)	61.9%	62.7%	62.1%	62.8%
4-09	Average LOS Elective	2.95	3.13	2.92	3.06
4-10	Average LOS Emergency	4.8	4.68	4.84	4.85
4-11	Outpatients Did Not Attend	8.8%	8.8%	9.2%	10.5%
4-12	Outpatients New:Follow up Ratio	2.0	1.7	2.0	1.7
4-13	Day Case Rate (whole Trust)	81.4%	82.6%	80.8%	82.0%
4-14	Theatre Utilisation	85.0%	85%	85%	83%

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

1-01/02 The Trust SMR shows a small but non-significant rise in September .The crude mortality continues to provide assurance and has shown a small improvement. Mortality rates remain stable with no areas of concern. More detail is available in section 2 of Quality Report.

1-03 The Trust has had no further cases of MRSA. The compliance with all aspects of the agreed MRSA action plan is over 90%. The Trust has projected a target of 5 cases for the year outturn stressing the Trust's position of zero tolerance for HCAI.

1-04 The Trust's performance against the Cdiff target remains very reassuring. The Trust has recently been informed of a new "stretch" target for Cdiff of 67 cases which has been applied (down from 90). The Dashboard has been amended accordingly. The Trust continues on a trajectory to deliver a performance showing a 30% improvement on this new target.

1-05 Patient satisfaction as assessed through "Your Feedback" is reported and becoming established in Trust practice. This month reported value at 77% is still lower than target. Individual wards have now been set clear targets for the number of patients questionnaire that need to be performed, and this and the trends in scores will be monitored weekly by the matrons. A detailed report from "Your Feedback "is attached in the Quality Report.

1-06 The number of formal complaints shows an increase for the first time in 2 months, however the number of complaints received YTD represents a decrease of 13% compared with the same period 2009/10. Details will be provided as a verbal update.

1-07 No SUI have been recorded this month.

1-08 1 fall resulting in grade 3 injury has been recorded this month. This supports the assertion that there has been a real improvement in practice which will deliver a sustained decline in the rate of falls in the Trust. This action is being closely monitored.

1-09 Hip fractures treated within 36 hrs of admissions have shown an is recorded at 83.4%. The T&O division improvement this month and has worked hard to achieve this target and have recently completed an EQUIP event which gave insight to a number of interventions to improve this pathway, and these have been implemented immediately. The next quarter target is 85% and the Board is assured that this will be delivered.

1-10 Readmissions rates at 14 days are recorded as green against informed that more work has now been target. The board have been focused on 28 day readmission rates and this will be discussed in section 2.3 of the Quality Report.
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1-11 VTE assessment rates have shown a further and sustained improvement and are now approaching the 90% target. The Trust has recently been informed that the SHA considers the Trust to be an exemplar organisation for the delivery of this initiative and has been asked to provide guidance for other SEC organisations.

1-12 The Trust SARI has increased this month, which is the first increase in 4 months. The overall trajectory is still on target to deliver a 10% improvement in this metric of avoidable harm over last year but the in month performance will be kept under review.

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

2-01/02 The Trust's establishment as at the end of month 6 is 3282 whole-time equivalents, which represents an increase of four WTE since the previous month. These were two medical posts in Emergency Services and a nursing post each in Trauma & Orthopaedics and Imaging. There was a 0.3% decrease in the number of vacancies, to 9.2% and the figure remains within target. The number of staff substantively employed by the Trust stands at 2983 WTE, which is 28 WTE (or 1%) higher than at this point last year. **The year-end target for establishment has been revised slightly to 3270 based on re-modelling of the long-term financial model.**

2-03/04 The overall level of temporary staffing reduced in September, with decreases in both agency and bank usage compared to the previous month. (18 WTE agency staff and 263 WTE bank staff utilised). This sustains the significant reduction in agency staff utilised per month since the peak in June of 76 WTE.
Analysis of the 18 WTE agency staff used shows that 11 WTE were in Emergency Services (nursing and medical) and that overall, 14 of the 18 WTE agency staff were medical staff.
Usage in Emergency Services accounted for nearly half of all agency medical staff in September, with the bulk of the remainder split between Medicine, Surgery & Anaesthetics. Measures are being taken to ensure robust sign-off and exploration of alternatives to bring this level of usage down.

2-05/06 Stability (percentage of the workforce with more than one year's service) continued its upwards trajectory and now lies at 90.1%. Turnover (number of leavers during previous 12 months expressed as percentage of the workforce) experienced an increase compared to the previous month's record low, although still falls within target levels and is lower than the level witnessed at the beginning of the financial year (13.0%)

2-07 There has been a slight increase in the sickness absence rate from 3.0% to 3.2%. Absence due to Infections (colds in particular) and Muscolo-skeletal reasons increased from July to August. Absence due to Physiological conditions decreased, in particular the amount of absence due to Surgery was 24% lower in August than July.

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 88.8% by end of month 6. Medical staff appraisal is at 89% as at the date of this report. An action plan is in place to deliver 100% by December 2010 by way of preparation for medical revalidation. Overall appraisal rates have maintained an ongoing positive trajectory towards the year-end target rate of 95%. The Workforce & OD team are providing regular reports to directorates to enable them to plan dates for staff appraisals and to validate their data. 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 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 are key indicators of the co-ordination that will be required as both are implemented in tandem. Ratios for both metrics remain stable compared to the previous month.

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 next national survey commenced in September and runs until early December.

2-12 The Ashford & St Peter's Good to Great programme is continuing. A highly successful second masterclass on Safety and the Customer Experience was held recently with excellent attendance. Other programmes include Manager's Passport, Recruitment and Selection skills, Bronze training for EQUIP, Team Leadership NVQ's, equality & diversity facilitators and external programmes. An Ashford & St Peters' leadership and management framework has been agreed. This will now be implemented and used within appraisal and personal development planning, and ultimately in the design and delivery of a new portfolio of management training and development to be launched in November.

Commentary on Clinical Strategy- *Valerie Howell , Deputy Chief Executive*

3-01 In September, the Trust continued to over-perform on this measure and reported an increase from the previous 2 months. Current performance remains almost 250 admissions higher per month than what is required to be within the threshold. On 27th September, after a successful pilot, the new triaging unit in MAU went live. This triaging service takes medical ambulatory patients referred by GPs and is operational from 10am to 6pm Monday to Friday. It will help reduce unnecessary hospital admissions.
A number of additional admission avoidance schemes, both internal and joint-working with primary care are in various stages of design and deployment.

3-02 After a drop in August of 8% (due to seasonality), GP referrals returned to expected levels in September. The figure reported was 800 referrals higher than August and 100 referrals higher than July.
The divisions are now looking at market share for their specialties at GP practice level to identify any outliers. There is also an increased momentum in the progress of the joint working projects with the three local PBC consortiums. The first schemes to go live will be Dermatology in Dec 2010 (SASSE cluster) and Orthopaedics in Jan 2011 (Woking cluster). The Trust is close to agreeing a new varicose veins pathway pilot with Thames Medical, which should secure more vascular outpatient and elective activity.

3-03 - 3-07 Updated quarterly – next update will be in November 2010.

3-08 This indicator has been revised to take account of the percentage of day cases within the surgical specialites undertaken at Ashford Hospital rather than total day cases. September's position shows 71.7% activity at Ashford with a year to date figure of 64.8% This should increase as more day surgery activity is migrated to Ashford.

A significant volume of Ophthalmology work has been repatriated to Ashford in recent weeks following a strategic review of Ophthalmology services.

3-09/10 Both the outpatient work undertaken at Ashford and outpatient work undertaken outside the Trust decreased in September. The Clinical Strategy Group will analysis the activity levels at each outreach site at specialty level to see which specialties are contributing to the current downward trend. This will assist in identifying the cause of the lack of progress towards meeting these two targets.

3-11 Bed reductions remain on track and achieving the expected trajectory.

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

4-01 The Trust maintains a strong Financial Risk Rating of 4.

4-02 Income continues above budget with overperperformance on NHS Surrey contract. However the level of overperformance has trended down over the last few months.

4-04 Surplus continues slightly ahead of plan.

4-05 CIPs are back on track following two months of considerable management focus. Replacement schemes have been implemented in various Divisions, including Facilities and Diagnostics and Therapeutics, making up for the shortfall on the corporate length of stay scheme.

4-07 Various capital schemes have neen subject to delay, one of the main drivers has been time taken to satisfy 26 consitions laid down by Runnymede council following Masterplan approval. The budget has been provisionally reassigned to a series of replacement schemes where clinical need is greatest, subject in all cases to the appropriate sign off under the scheme of delegation.

4-11 Outpatient DNA's continue to track above the stretch target set at the start of the year. Further work in this area is scheduled for the final quarter.