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

TRUST BOARD
29th March 2012

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 David Fluck, Interim Medical Director
Date:	21st March 2012
Decision:	For Noting

Trust Balanced Scorecard - February 2012

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

BALANCED SCORECARD **Position as at: 29 Feb 2012**

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	Outturn 10/11	Annual Target 11/12	Annual Forecast 11/12	Feb Actual	Performance			YTD 11/12
						Deb	Jan	Feb	
1-01	Standardised mortality (Relative Risk)*	90.7*	82	92	96.7	▼	▲	▼	98.9*
1-02	Crude mortality	1.60%	1.60%	1.60%	1.78%	▼	▼	▲	1.63%
1-03	MRSA (Hospital only)	5	4	2	0	◄►	◄►	◄►	2
1-04	C.Diff (Hospital only)	36	33	20	0	◄►	◄►	▲	17
1-05	Mortality from C.Diff (Hospital Acquired)	10.3%	6.3%	8.5%	0.0%	◄►	◄►	◄►	12.1%
1-06	Mortality from VTE	0.4%	0.35%	0.4%	0.0%	◄►	◄►	◄►	0.5%
1-07	Mortality from Hip fractures	4.8%	4.6%	6.7%	13.9%	▼	▼	▼	6.7%
1-08	National Patient Survey>Avg responses	! New	>3	Annual measure					
1-09	Patient Satisfaction (NetPromoter Score)			59%	58%	▲	▼	▼	57%
1-10	Formal complaints	360	320	471	38	▼	▼	▲	445
1-11	SUIs	14	14	33	2	▼	▼	▲	32
1-12	Falls - resulting in significant injury (grade 3)	16	14	10	2	▼	▲	▼	9
1-13	Hip fractures treated within 36 hrs	93.0%	85%	95%	86%	◄►	▼	▼	95%
1-14	Summated Adverse Report Index (SARI)	1,799	1,552	1737	153	▲	▼	▼	1,599
1-15	Average Bed Occupancy-Actual beds	94%	94%	96%	93%	◄►	◄►	◄►	96%
1-16	Average Bed Occupancy-Planned beds				104%	▼	▲	▼	

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	Feb Actual	Performance			YTD 11/12
						Dec	Jan	Feb	
2-01	Establishment (WTE)	3295	3228	3252	3264	▲	▲	▲	3264
2-02	Establishment growth (WTE)	NEW	44	51	0	▲	◄►	◄►	64
2-03	CIPs reduction (WTE)	NEW	111	101	0	▲	▲	◄►	100
2-04	CIPs Reduction from WTE (Pay)	NEW	£3,074k	£2,540k	£194k	▲	▲	▲	£2,311k
2-05	Vacancies (WTE)	8.8%	<10%	<10%	9.5%	▼	▲	▲	9.5%
2-06	Agency Staff use (WTE)	44	<40	<40	73	▼	◄►	▼	38
2-07	Bank staff use (WTE)	290	<305	<305	273	◄►	▼	▲	255
2-08	Staff turnover rate	12.7%	<12%	<12%	13.5%	▼	◄►	▲	13.5%
2-09	Stability	89.6%	>88%	>88	85.8%	▲	▼	▼	85.8%
2-10	Sickness absence	2.9%	<3.25%	<3.25%	2.95%	▲	◄►	▲	3.00%
2-11	Staff Appraisals	92.0%	100%	100%	89.7%	▼	▲	▲	89.7%
2-12	Consultants WTE:bed ratio	0.35:1	<0.39:1	<0.38:1	0.43:1	◄►	▲	▼	0.43:1
2-13	Nurses WTE:bed ratio	1.95:1	<1.99:1	<1.99:1	1.89:1	▲	▲	▲	1.89:1
2-14	Staff Satisfaction	>50% top 20	>50% top 20	>50% top 20	50%	◄►	◄►	◄►	50%
2-15	Staff in leadership programmes	NEW	600	600	14	▲	▼	▼	446
2-16	EQUIP Trained	46	250	100	0	▲	▼	◄►	70
2-17	Statutory and Mandatory Staff Training	NEW	70%	70%	59%	▲	▲	▲	59%

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	Feb Actual	Performance			YTD 11/12
						Dec	Jan	Feb	
3-01	Decrease Emergency Admissions (to 08/09 baseline)	25,678	23,077	23,244	1,853	▼	▲	▲	20,797
3-02	GP Referrals - increase elective activity	92,523	98,833	90,336	7,398	▼	▲	▲	81,816
3-03	% Day Surgery undertaken at Ashford	67.4%	70.0%	67.0%	66.5%	▲	▼	▼	66.6%
3-04	% OP undertaken at Ashford	33.0%	34.5%	33.0%	31.2%	▲	▲	▼	######
3-05	% OP undertaken outside Trust	6.0%	7.0%	6.0%	5.6%	▼	▲	▲	5.8%
3-08	Readmissions within 30 days - Elective***	3.1%	0.6%	2.9%	2.9%	▲	▲	▼	2.9%
3-09	Readmissions within 30 days - Emergency***	15.0%	11.00%	14.0%	13.3%	▲	▼	▲	13.8%
3-10	Readmissions from Nursing Homes***	5.2%	3.70%	4.0%	6.1%	▲	▼	▲	4.2%
3-11	Overall Market Share Surrey PCT*	26%	>26%	25%	25.3%**	◄►	▲	▲	25%
3-12	Local Market Share - Hounslow*	8%	>9%	8%	8.0%**	▼	▲	▼	8.5%
3-13	Local Market Share – Berkshire East*	12%	>12%	12%	11.8%**	▲	◄►	▼	11.8%

*Source from December Dr Foster

** Actual December 2011 YTD December 2011/12

*** Re-Admissions targets have now been changed to:

Elective: 80% reduction on last year Non-Elective: 25% reduction on last year

Readmissions from Nursing Home: 30% reduction on last year

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	Feb Actual	Performance			YTD 11/12
						Dec	Jan	Feb	
4-01	Monitor Financial Risk Rating	4	3	3	3	▼	▼	▼	3
4-02	Total income excluding interest (£000)	£224,559	£219,581	£224,840	£19,011	▲	▲	▲	£205,349
4-03	EBITDA actual (£000)	£16,703	£17,419	£14,679	£813	▼	▼	▼	£12,901
4-04	I&E net operational surplus (£000)	£3,314	£2,100	£1,035	-£194	▼	▼	▼	£261
4-05	CIP Savings achieved (£000)	£9,014	£12,000	£10,905	£1,007	▼	▼	▼	£9,904
4-06	Month end cash balance (£000)	£18,656	£15,529	£14,529	£19,203	▼	▼	▲	£19,203
4-07	Capital Expenditure Purchased (£000)	£9,158	£14,144	£11,881	£649	▼	▼	▼	£9,857
4-08	Average LOS Elective	2.95	2.95	3.00	3.06	◄►	▼	▼	3.10
4-09	Average LOS NonElective	4.90	4.80	5.00	5.52	▲	▲	▼	5.40
4-10	Outpatients Did Not Attend	10.6%	9.1%	8.9%	7.0%	▲	▲	▼	8.8%
4-11	Day Case Rate (whole Trust)	82.9%	84%	83.0%	79.6%	▼	▲	▼	81.2%
4-12	Theatre Utilisation	86.8%	80.0%	82.0%	83.3%	▲	▼	▲	80.0%
4-13	Non-Elective Cap	! New	To be confirmed by NHS Surrey						
4-14	Readmissions penalty	! New							

Trust Balanced Scorecard - February 2012

Commentary on Patient safety and Quality & Clinical Strategy - *David Fluck, Interim Medical Director*

1-01/02/07/10/11/13/15/16/3-01/3-08/3-09

The Crude Mortality Rate has decreased from 2.09% in January to 1.78% in February. This follows the seasonal variation, although the peak was later and attenuated this year. Looking at table 2.1 this reflects a decrease in crude mortality within Medicine. The Standardised Mortality Ratio (SMR) has remained stable at 96.7%.
The mortality from hip fractures has risen further to 11% with the proportion operated on within 36 hours falling to 86%. This needs further analysis and I have asked the Division to review the service.

Emergency admissions were lower this month (1853 from 2014) although operational pressures remained with an increase in length of stay for emergency patients (4.97 - 5.52) and bed occupancy rate remaining high. Elective activity was also maintained. However the emergency readmission rate is lower and the number of complaints has fallen (38 against 64).

1-03/04/05

Hospital acquired infection rates remain on target with no further MRSA cases or C.Diff although there have been a number of cases for norovirus which can be a precursor for C Diff.

Trust Balanced Scorecard - February 2012

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

2-01/02 At 29 February 2012, the establishment was 3264 WTE, a **decrease** of 2 WTE in January and a further 2 WTE in February, with a revised forecast of 3252 WTE for 31 March 2012.

2-03/04 100 WTE posts have been removed from the establishment supporting CIPs in the year to date, with 2 WTE removed as CIPs in January from the Finance & Information division and in February 1 WTE in Acute & Emergency Medicine, and 1 WTE in Anaesthetics, Critical Care & Theatres. The financial saving from the WTE linked CIPs was £2,311k year to date.

2-05 The vacancy rate **decreased** from 10% in December to 9.7% at the end of January and 9.5% at the end of February, within target.

2-06 The use of agency staff **decreased** by 3 WTE in January then **increased** by 16 WTE in February **remaining** above target.
- Medical agency **remained the same** in January (at 16 WTE) and **increased** in February by 4.9 WTE (to 20.9 WTE),
- Allied Health Professionals **increased** from 1.21 WTE in January to 2.90 WTE in February,
- Admin & clerical staff **increased** from 0.97 wte in December to 1.2 WTE in January and 2.56 WTE in February,
- Qualified Nursing agency use **decreased** by 5 WTE (to 24 WTE) in January and increased by 2 WTE (to 26 WTE) in February.
- Unqualified Nursing agency use **remained the same** in January (at 14 WTE) and increased in February by 6 WTE (to 20 WTE) due to 2 WTE for Specialing in Acute & Emergency medicine and Trauma & Orthopaedics, and 4 WTE covering vacant shifts in Acute & Emergency Medicine.

2-08 Turnover (number of leavers during previous 12 months expressed as percentage of the workforce) has **decreased** for the last two months to 13.5% in February, remaining above the Trust target of 12%.

2-09 Stability (percentage of the workforce with more than one year's service) has decreased to 85.8% this month, slightly below target.

2-10 The sickness rate **remained the same** in December (at 3.26%) and **decreased** to 2.95% in January, below the target of 3.25%.

2-11 The number of staff recorded as having an appraisal **increased** in January to to 87% and **increased** in February to 89.7%, below the target set for the year of 100%. HR Consultants have confirmed appraisal dates for all staff before 31 March 2012.

2-12/2-13 The ratio of consultants per bed **decreased** in January and **increased slightly** in February remaining above target. The ratio for qualified nurses per bed **decreased** for a second month remaining within target.

2-14 The Trust achieved a response rate of 63.6% in the national Staff Survey This represents the highest response rate from acute Trusts using the Picker Institute. The survey results have been published and action plans are being developed.

2-15 Numbers have not increased significantly for leadership programmes this month due to the focus on mandatory training.

2-16 Equip Bronze Training was not held in January and February due to operational pressures. Divisions and corporate functions have identified delegates to attend training in March. It is anticipated that this will not reach the revised target of 100.

2-17 The mandatory training compliance rate continued to rise steadily, and **increased** to 52% in January and 59% in February. A plan is in place to achieve 70% by 31 March 2012 and 100% by 31 July 2012.

Trust Balanced Scorecard - February 2012

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

4-01 The planned FRR was 3 with the actual YTD remaining at 3. The forecast FRR is 3 and this is expected to be achieved.

4-02 Income continues to exceed plan, with February income coming in at the same level as January due to Elective work being higher than planned.

4-03 EBITDA year to date is now £2.6m behind target, mainly due to continued pressure on capacity. The overperfomance in income mentioned above has been offset by an overspend in (1) pay due primarily to escalation beds and medical agency due to pressures in A&E; and (2) continued overspend in clinical supplies (£2.2m), work sent out (£0.5m) and external consultancy spend related to Epsom which was budgeted for below the line

4-04 The in-month surplus was £0.1m below plan, due to continued operational pressures as described above. The year to date surplus is now £0.3m and the end of year forecast surplus is £1m, unchanged since month 10.

4-05 The end of year CIP forecast has reduced to £10.9m which reflects the in month performance and shortfall in CIPs achievement.

4-08 Elective ALOS has increased compared to last month however remains steady. Activity levels for Elective Inpatient activity have also increased this month.

4-09 Non- Elective ALOS has also increased whereas activity levels have remained low.

4-10 Outpatient DNA continue at 6.9%, slight deterioration to last month. Continued progress with the operational process changes and the Outpatient Efficiency project have resulted in a positive improvement in the reduction of DNA rates.

4-12 Theatre Utilisation continues to stay at a consistent level. The Excellence in Theatres project has increased efficiencies by improving operational TCI processes, creating standard operating procedures for list bookings and cancellations and also by improving communications between booking, Surgeons and the Division.

Balanced Scorecard - Description of indicators

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

		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 *Hospital Guide.* 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-hospitals 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 specialty 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 (Hosptial 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 breach of Hip fractures not treated within
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	*95th 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 specialties: 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 specialties: 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 specialties: Breast Surgery, Colorectal Surgery, ENT, General Surgery, Maxillo-Facial Surgery, Trauma & Orthopaedics, Upper GI Surgery, Urology and Vascular Surgery.	

Balanced Scorecard - Description of indicators

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

		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 discharged elective spells	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	Total number of admitted emergency spells where admission dates within 30 days of same discharged spells/ Total number of discharged emergency 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 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 specialty 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 specialties	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 specialties	Total outpatient appointments.	Total outpatient appointments taking place at the trust, both ASH and SPH.	
	Workforce	**Annual Threshold 11/12**	**Descriptions**	**Denominator:**	**Numerator:**	**Calculation:**
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:**	**Numerator:**	**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					