Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
29th July 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
Date:	21st July 2010
Decision:	For Noting

Ashford & St Peter's Hospitals NHS Trust
BALANCED SCORECARD

Position as at: 30 Jun 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	75	55**	▲	▲	▲	55**
1-02	Crude mortality	2.6%	2.0%	1.7%	▼	▼	▲	1.8%
1-03	MRSA (Hospital only)	5		0	▼	◄►	▲	4
1-04	C.Diff	90	50	1	▼	◄►	▲	7
1-05	Patient Satisfaction	100%	98.5%	98.2%	▼	▲	▲	97.6%
1-06	Formal complaints	361	368	37	▲	▲	▼	99
1-07	SUIs	14	16	1	▼	▲	◄►	4
1-08	Falls - resulting in significant injury (grade 3)	29	27	2	▲	◄►	▼	4
1-09	Hip fractures treated within 36 hrs	60%*	83.0%	51.9%	▲	◄►	▼	58.6%
1-10	Readmissions within 14 days	2.6%	2.6%	2.5%	◄►	▼	▼	2.1%
1-11	VTE Assessment	90.0%	N/A	68.0%	Based on sample audit			
1-12	Summated Adverse Report Index (SARI)	tbc				▲	▲	784

*Q2=70% Q3 = 85%

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	3302	3304	▲	◄►	▲
2-02	Vacancies (WTE)	<10%	<10%	10.4%	10.1%	▼	▲	▼
2-03	Agency Staff use (WTE)	45	45	75	64	NEW	▼	▼
2-04	Bank staff use (WTE)	300	300	270	252	NEW	▼	▲
2-05	Staff turnover rate	<13%	<13%	12.4%	12.5%	◄►	▲	▲
2-06	Stability	>87%	>87%	88.5%	90.0%	▼	▲	▼
2-07	Sickness absence	<3.5%	<3.5%	3.2%	3.3%	▼	▲	▲
2-08	Staff Appraisals	95.0%	95.0%	82.8%	73.6%	▲	▲	▲
2-09	Consultants WTE:bed ratio	<0.36:1	0.35:1	0.35:1	0.36:1	NEW	◄►	◄►
2-10	Nurses WTE:bed ratio	<1.99:1	1.95:1	1.95:1	1.99:1	NEW	◄►	◄►
2-11	Staff satisfaction	>3	>3	3	3	NEW	◄►	◄►
2-12	Staff in leadership programmes	600	600	156	127	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	Forecast	Actual	Change			YTD
3-01	Decrease Emergency Admissions (to 08/09 baseline)	23,077	25,995	2,123	▼	▲	▲	6,483
3-02	GP Referrals - increase elective activity	98,833	98,783	8,411	▼	▲	▲	24,639
3-03	Overall Market Share Surrey PCT*	>26%	26%	26%***	▲	◄►	◄►	26%***
3-04	Local Market Share - Woking & W Byfleet*	>75%	75%	74.1%***	▼	▲	▲	74.6%***
3-05	Local Market Share - Feltham & Bedfont*	>30%	29%	27.5%***	▲	▼	▼	30.3%***
3-06	Local Market Share - Hounslow*	>9%	9%	8.5%***	▼	▼	▲	8.6%***
3-07	Local Market Share - Mid Surrey (inc. Cobham)*	>1.5%	1.5%	1.6%***	▲	▲	▼	1.4%***
3-08	% Day Cases undertaken at Ashford	52.0%	51.2%	48.5%	▲	▼	▼	49.0%
3-09	% OP undertaken at Ashford	34.5%	31.4%	29.5%	▲	▼	▲	29.7%
3-10	% OP undertaken outside Trust	7.0%	7.0%	5.8%	▲	▼	▲	5.8%
3-11	Bed reductions against bed model	409	486	465	◄►	▲	▼	465

* Source data from Dr Foster

** Actual = April 2010 YTD =2010/11

*** Actual = Q4 2009/10 YTD = 2009/10

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	3	3
4-02	Total income excluding interest (£000)	£219,071	£227,197	£53,687	£55,920
4-03	EBITDA actual (£000)	£18,578	£18,655	£3,864	£4,448
4-04	I&E net surplus (£000)	£3,300	£3,300	£44	£610
4-05	CIP Savings achieved (£000)	£9,000	£9,000	£1,525	£1,362
4-06	Month end cash balance (£000)	£8,500	£8,500	£8,715	£13,722
4-07	Capital resource limit (£000)	£13,965	£13,965	£1,128	£699
4-08	Pay cost (% of income)	61.9%	61.8%	63.2%	62.9%
4-09	Average LOS Elective	2.95	2.95	2.88	3.09
4-10	Average LOS Emergency	4.8	4.8	4.86	4.91
4-11	Outpatients Did Not Attend	8.8%	8.8%	10.0%	10.4%
4-12	Outpatients New:Follow up Ratio	2.0	2.0	2.0	1.6
4-13	Day Case Rate (whole Trust)	81.4%	81.4%	81.5%	82.5%
4-14	Theatre Utilisation	85.0%	85%	85%	83%

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

The Trust's SMR has shown its 3rd consecutive month of improvement. The in-month figure of 55 is matched by a 40% reduction in the crude mortality rate to 1.7%. This is a very reassuring figure. The current projection shows that we will deliver the Trust target comfortably. A detailed review of mortality is discussed in section 1.3.

There have been no further MRSA cases. We have not made a forecast for this objective as it is clear that there is case clustering, which makes predictions very difficult. The important figure in this line is therefore year to date figure of 4 against a target of 5. This is shown as amber rated on the RAG system.

There has been 1 reported case of C. Diff. The year to date figure is 7 cases. This very impressive performance means that the Trust will easily deliver on its target and should give the Board reassurance about the process and commitment of the Trust to a zero tolerance for HCAI. The C. Diff mortality YTD is 0%.

Patient satisfaction scores remain high and show a continued trend of improvement. The Trust should be in a position to report the large in-patients survey conducted for all patients in July at the August Board. This will give us insight into our current progress and a preview of the probable (potential) results of the 2010 Picker In-Patient Survey which will be based on a cohort of this group of patients.

Formal complaints showed a small increase in month (30 to 37). This is the first increase following 2 months' of decline. There is no specific cause/theme although the change in visiting hours may need to be considered. The data for complaints in July will be of interest as the Trust has initiated a programme of increased profile during this month.

There are 2 reported falls resulting in significant injury in this month's report. Both injury's were fractured hips and are being investigated as grade 3 incidents. A significant reduction in falls has been seen on maple ward following a local initiative, and this is being rolled out across other wards to accelerate improvement.

Data for hip fractures treated within 36 hrs is still below target. The figure reported this month is below the Q1 trajectory of 60%, and in Q2 the Trust needs to be delivering 70%.There had been progress in identifying additional theatre capacity. The impact of this intervention should be seen in the July data.

Readmissions within 14 days are still on target at 2.5% and well below the PCT set target. The Board will be aware that there is considerable interest in the 30 day readmission rate and it was reported verbally at the last meeting that ASPH 30 day rate is 8%, which benchmarks well with the SEC quality data where the Trust is in the top quartile. This represents around 200 patients per month and work is in place to understand this cohort in more detail, and how we might reduce the numbers involved.

VTE assessment is now proceeding using an automated system. The first results will be available for the next quality report. The data presented represents the last audit performed.

The SARI requires valid VTE data to inform it and this will therefore be presented in the next Board report. Using the data that is available the SARI saw a small fall month on month from 231 to 226, this represents a consistent fall in adverse reports seen within the Trust which is reassuring.

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

2-01/02 The Trust's establishment as at the end of month 3 decreased slightly to a level of 3302 whole time equivalents.
The slight increase in vacancy rate compared with May is attributable to minor fluctuations in a couple of staff groups; there is no underlying trend and no change in total number of nurses, doctors and healthcare assistants employed compared with the previous month. The Trust's overall vacancy rate continues to benchmark favourably with London's overall vacancy rate, which is 11.9%.

2-03/04 The use of temporary staff increased during June - bank at 270 wte and agency at 75 wte. Whilst the combined usage remains within target, this was again skewed towards agency with 11 wte more than May. 84% of agency usage in June was attributable to Medicine and Emergency Services alone. Analysis shows that this is a consequence of the unusually high levels of emergency attendances requiring the opening of additional beds and an increase in requirement for 'specialling', in addition to ongoing vacancies in Emergency Services and Midwifery (although Midwifery's temporary staff usage is exclusively bank with no reliance on external agencies). For medical staff, temporary staffing requests are predominantly due to long term recruitment issues particularly in Emergency Services, in respect of which action plans have been drawn up and are being implemented.

2-05/06 There were only minor fluctuations in both stability and turnover rates compared with May, and the overall levels remain within target levels and also compare well with the London benchmark turnover figure (14.2%). There were no significant fluctuations for any of the Trust's professional/staff groups when examining respective turnover or stability rates.

2-07 The sickness absence rate is 3.2% which maintains the overall downwards trend since February when the rate was at 4.1%.
(Continued..)

2-07 *continued:* The current rate is within the target level and continues to mirror the seasonal norm. The roll-out of a calendar of health & wellbeing events for staff commenced in July as part of the Trust's approach to support staff health at work.

2-08 The number of staff recorded as having participated in an appraisal during the last year has improved significantly during the last month, rising to 82.8%. This maintains the ongoing positive trajectory towards the stretched target rate of 95.0%. The Workforce & OD team are providing regular reports to directorates to enable them to plan dates for staff appraisals and to validate their data. Further improvement in the appraisal rate is anticipated over the coming month as this process continues.

2-09 This measure tracks the key staff survey indicators where the Trust benchmarks within the top quartile of all acute hospitals in England. A mid-year, local survey of all of our staff has been conducted during the last month. This was focused on the areas for development identified by the most recent national survey and results will be available in August.

2-10 100 participants are continuing on the Good to Great Programme, with a wide range of staff represented across the Trust. The remainder are participating in either Manager's Toolkit, medical leadership development, external leadership programmes and Bronze LEAN Training. Programmes are currently being mapped onto a leadership and management framework to launch a wider range of programmes in September. New junior doctors in August will be participating in components of leadership development that are integral to their curriculum.

2-11/12 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 will be key indicators of the co-ordination that will be required as both are implemented in tandem. Ratios for both metrics remain unchanged from May and end of year forecasts have been included.

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

3.01 Non elective activity undertaken beyond 8/9 out-turn will be paid at a marginal rate of 30%,
thereby creating a cost pressure to the Trust. In June the Trust continued to over-perform on this measure, although the trend over Q1 continued to be downwards. A detailed paper on this issue was taken to the July Finance committee. The Trust has embarked on a range of improvement initiatives to address this issue, and there is evidence of early progress. In addition, longer-term joint working via the North West Surrey Transformation Board will redesign emergency and urgent care systems over the medium-term.

3-03 – 3-07
The Trust is undertaking a fundamental review of its marketing strategy and account management systems for local GPs and Pbc clusters over the summer in order to align its ways of working to the White Paper. Further details of this will be brought to the September Board.

3.09 – 3-10
There has been some progress in developing out patient services outside Ashford and St Peter's. New initiatives include the development of cardiology and specialist surgery clinics at Cobham, and early discussions are underway regarding orthopaedic clinics in Woking. The Trust is refocusing its efforts in these areas and will be setting directorate specific targets for Q3 and Q4 to increase the pace of change.

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

4-04 The Trust has returned to a year to date surplus position with £0.6m surplus which is also £0.6m positive to plan. The main driver is overperformance on PCT contracts, despite the £1.1m income loss suffered to date due to the non elective cap. The financial position of NHS Surrey and its ability to fund overperformance for the rest of the year is the main financial risk facing our organisation. The FRR stands at 3 and is expected to reach 4 by year end. There are three red rated indicators on the Scorecard:

4-05 CIPs at £1.4m YTD are £163k short of plan. This shortfall is being managed through Directorate Performance meetings and we believe the full year target of £9m will be achieved.

4-07 Capital spend is tracking at a lower level than budgeted. This relates to timing issues and again we believe the full year capital allocation will be spent.

4-11 Outpatients DNA's continue at a higher level than target.