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

TRUST BOARD
29th September 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:	22nd September 2011
Decision:	For Noting

Trust Balanced Scorecard - August 2011

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

BALANCED SCORECARD **Position as at: 31 Aug 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	Outturn 10/11	Annual Target 11/12	Annual Forecast 11/12	Aug Actual	Performance Jun	Jul	Aug	YTD 11/12
1-01	Standardised mortality (Relative Risk)*	90.7*	82	91.8	90.4(May)	▼	▼	▲	98.4*
1-02	Crude mortality	1.60%	1.60%	1.59%	1.37%	▲	▼	▲	1.58%
1-03	MRSA (Hospital only)	5	4	3	1	◄►	◄►	▼	1
1-04	C.Diff (Hospital only)	36	33	31	2	▲	▼	▼	11
1-05	Mortality from C.Diff (All cases)	10.3%	6.3%	10.3%	28.6%	▼	▲	▼	19.4%
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%	4.6%	5.8%	▲	▼	▼	4.7%
1-08	National Patient Survey>Avg responses	! New	>3	Annual measure					
1-09	Patient Satisfaction (NetPromoter Score)	77.3%	90.0%	80.0%	80.4%	▼	▲	▼	79.9%
1-10	Formal complaints	360	320	342	42	◄►	◄►	▼	172
1-11	SUIs	14	14	19	2	◄►	▲	◄►	12
1-12	Falls - resulting in significant injury (grade 3)	16	14	14	2	◄►	▼	◄►	4
1-13	Hip fractures treated within 36 hrs	93.0%	85%	94%	96.8%	▲	▲	▼	93.9%
1-14	Summated Adverse Report Index (SARI)	1,799	1,552	1583	130	▲	▼	▲	678
1-15	Average Bed Occupancy-Actual beds	94%	94%	94%	89%	▼	▲	▼	92%
1-16	Average Bed Occupancy-Planned beds	Work in progress							

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	Aug Actual	Performance Jun	Jul	Aug	YTD 11/12
2-01	Establishment (WTE)	3295	3228	3244	3283	▲	▲	▲	3283
2-02	Establishment growth (WTE)	! New	44	48	2	▼	▼	◄►	51
2-03	CIPs WTE reduction	! New	111	101	3	◄►	▲	▲	70
2-04	CIPs Pay Reduction from WTE	! New	£3,157k	£3,157k	£192,158	◄►	▲	▲	£834,477
2-05	Vacancies (WTE)	8.8%	<10%	<10%	9.4%	▲	▲	▼	9.4%
2-06	Agency Staff use (WTE)	44	<40	<40	29	▲	▲	▲	29
2-07	Bank staff use (WTE)	290	<305	<305	261	▼	▲	▲	264
2-08	Staff turnover rate	12.7%	<12%	<12%	12.9%	◄►	◄►	▼	12.9%
2-09	Stability	89.6%	>88	>88	88.5%	▲	◄►	▼	88.5%
2-10	Sickness absence	2.9%	<3.25%	<3.25%	2.72%	▲	▼	▲	2.91%
2-11	Staff Appraisals	92.0%	100%	100%	89.2%	▼	▲	▲	89.2%
2-12	Consultants WTE:bed ratio	0.35:1	<0.39:1	<0.39:1	0.43:1	◄►	▼	▼	0.43:1
2-13	Nurses WTE:bed ratio	1.95:1	<1.99:1	<1.99:1	2.01:1	▲	▼	▲	2.01:1
2-14	Staff Satisfaction	>50% top 20	>50% top 20	>50% top 20	50%	◄►	◄►	◄►	50%
2-15	Staff in leadership programmes	! New	600	600	24	▲	▲	▲	296
2-16	EQUIP Trained	46	250	172	0	▲	▲	◄►	38
2-17	Statutory and Mandatory Staff Training	! New	TBC	85%	40%	NEW			40%

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	Aug Actual	Performance Jun	Jul	Aug	YTD 11/12
3-01	Decrease Emergency Admissions (to 08/09 baseline)	25,678	23,077	22,996	1,927	▲	▼	▼	9,575
3-02	GP Referrals - increase elective activity	92,523	98,833	95,158	7,353	▲	▼	▼	37,145
3-03	% Day Surgery undertaken at Ashford	67.4%	70.0%	68.0%	64.8%	▼	▲	▼	67.1%
3-04	% OP undertaken at Ashford	33.0%	34.5%	33.3%	33.9%	▲	▲	▲	33.1%
3-05	% OP undertaken outside Trust	6.0%	7.0%	6.1%	5.7%	▲	▼	▼	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%	12.9%	▲	▲	▼	13.7%
3-10	Readmissions from Nursing Homes	5.2%	5.20%	5.0%	6.5%	▲	▼	▼	4.6%
3-11	Overall Market Share Surrey PCT*	26%	>26%	25%	25%***	▼	◄►	◄►	25%
3-12	Local Market Share - Hounslow*	8%	>9%	9%	8.9%***	▲	▲	▼	9.1%
3-13	Local Market Share – Berkshire East*	12%	>12%	11%	11.0%	▲	▼	▼	10.6%

*****Source from **May** Dr Foster

*** Actual = May 2011 YTD =May 2011/12

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	Aug Actual	Performance Jun	Jul	Aug	YTD 11/12
4-01	Monitor financial risk rating	4	3	3	3	◄►	◄►	◄►	3
4-02	Total income excluding interest (£000)	£224,559	£219,527	£224,412	£18,728	▲	▲	▲	£91,750
4-03	EBITDA actual (£000)	£16,703	£17,419	£16,388	£1,285	▼	▼	▼	£5,287
4-04	I&E net operational surplus (£000)	£3,314	£2,100	£2,100	£366	▼	▼	▼	£178
4-05	CIP Savings achieved (£000)	£9,014	£12,000	£10,841	£881	▼	▼	▼	£3,825
4-06	Month end cash balance (£000)	£18,656	£15,529	£15,529	£18,158	▼	▼	▼	£18,158
4-07	Capital expenditure purchased (£000)	£9,158	£14,066	£13,274	£662	▼	▼	▼	£2,706
4-08	Average LOS Elective	2.95	2.95	2.9	4.00	▼	▼	▼	3.20
4-09	Average LOS NonElective	4.90	4.80	5.00	5.10	▲	▲	▲	5.50
4-10	Outpatients Did Not Attend *	10.6%	9.5%	9.5%	9.6%	▲	▲	▲	10.2%
4-11	Day Case Rate (whole Trust)	82.9%	84%	84.0%	82.0%	▲	▼	◄►	83.0%
4-12	Theatre Utilisation	86.8%	90.0%	80.0%	80.3%	▼	▲	▼	80.0%
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 5 target=9.8%.**

Trust Balanced Scorecard - August 2011

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

1-01/02: The Trust's SMR has fallen to 90.4. This figure places the Trust at 108 in a ranking of 188 trusts. A large number of trusts are recording figures around this mark and a small improvement will see a dramatic improvement in the Trust's ranking. Dr Foster have also announced that they are about to add four more variables to the SMR calculation to improve its accuracy and discriminatory power. The Trust awaits this new calculation and ranking. The Trust is currently reviewing mortality rates in neonatal medicine and complex bladder cancer surgery. Although the Trust has no specific concerns, it is felt important that we bench mark these highly specialist services against other specialist units. The Board will be updated on these reviews. The Trust CMR has shown a return to the June figures which the Board will remember was the best CMR the Trust had recorded.

1-03/05: The Trust has to report one case of MRSA. This is the first report for over one year. The case is attributed to the Trust based on the timing of the discovery, however, the Root Cause Analysis has suggested that the patient was infected on admission and this does not represent a failure of care or procedure.

1-06 to 1-11: The Trust continues to show no cases of Venous Thrombo Embolism mortality associated with prior hospital admission and this coding has been reviewed. Although this is very encouraging the Divisions have been asked to check and confirm the robustness of this data at Divisional level. This will be reported at the Trust Clinical Governance Committee.

1-13: Hip fracture operative rates are consistently high and the orthopaedic department has been asked to respond to a request to demonstrate that patient data capture is complete and robust. The Trust has no concerns.

Trust Balanced Scorecard - August 2011

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

2-01/02 At 31 July 2011, the establishment was 3283 WTE. This was a reduction in the establishment of 1 WTE from July 2011 resulting from 3 WTE removed as CIPs in Surgery and 2 WTE new posts added. The overall forecast is a planned reduction in the establishment from 3295 on 1 April 2011 to 3244 WTE by March 2012.

2-03/04 70 WTE posts have been removed from the establishment supporting CIPs in the year to date. The financial saving from the WTE linked CIPs was £834k year to date, less than the £962k forecast for the year to date.

2-05 The vacancy rate has increased to 9.4% at the end of August, remaining within target for the year to date.

2-06 Agency use increased in August; from 25 to 29 WTE, remaining within the target for the month. Medical Agency usage increased to 13.6 WTE from 11.4 WTE in July. Nursing agency decreased slightly to 6.3 WTE from 7 WTE in July.

2-07 Bank usage increased slightly 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 12.9%, 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 decreased slightly this month, remaining within target for the year.

2-10 The sickness rate for the Trust 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 has increased in August to 89.2% however remains below the target set for the year of 100%. Action plans are

2-12/2-13 In August the ratio of consultants per bed has increased slightly, due to recent consultant appointments against a slight reduction in bed numbers from 524 in July to 523 in August. The ratio for qualified nursing has decreased, due to improved reconciliation of nursing & midwifery establishments enabling reductions in temporary staffing.

2-14 The final response rate to the summer staff survey was 57%, the same as last year. A high level review indicates there are now no key findings in the bottom 20% (an improvement from 1 key finding in the national survey last year). A workshop took place on 23 August for operational leads to deliver high impact actions to drive improvements before the next national survey in September 2011.

2-15 The measure of staff in leaderships programmes has been amended to reflect the number of staff joining a programme in month, and the cumulative total is shown under year to date 2011/12. A review took place in August of the Project Management training to embed and support the Programme Management Office. The course had been valuable for level 4 managers in the organisation and it was agreed to extend the programme to include other managers leading projects.

2-16 The August training session was cancelled due to low uptake of places during the holiday period. The course will be reviewed in the light of the realignment of the service improvement function, which is now part of the Programme Management Office.

2-17 This is the first month that the scorecard includes the mandatory training compliance rate. The initial report shows overall compliance at 40%. This varies across courses: the highest being 92.5% compliance on child protection level 2 (a long-standing mandatory course); through to 11% on investigation of claims for senior managers (a course only recently designated as mandatory).

Trust Balanced Scorecard - August 2011

Commentary on Strategy - *Mike Baxter, Medical Director*

The Clinical Strategy Scorecard shows a decline in performance across the board which is representative of the operational pressures the Trust has experienced.

There has been an increase in emergency admissions which the Trust is trying to reduce. The current figure if continued will place us above the year's target by 200 cases and although this will be 10% lower than last year's outturn will not bring us under the 08/09 cap.

In contrast the level of elective activity which we wish to grow has declined for the second successive month after a Q1 rally. The current level of activity would mean the Trust would fall short of its target by nearly 10,000 cases (11% decline). The signals the Trust has is that this is a stable share of a declining market. The Trust is looking to expand into alternative markets and is vindication for its strategy of increasing catchment population.

The emergency-emergency readmissions and the nursing home readmissions have both increased. The extension of the nursing home project to additional homes is essential and the Trust has secured funding support from social services for this project. Furthermore the "community" virtual ward project to include the Trust assisted discharge project (formerly" the Trust's virtual ward") should go live in one month. This may achieve a double hit by assisting discharge and preventing readmission but also preventing all non urgent admissions.

Elective – emergency readmissions have shown a small decline. The Trust has done a great deal of work on this area and identified 5 areas which account for the majority of these admissions and these include general surgery, urology, haematology, orthopedics and gastroenterology. It appears that there is a mixture of practice, process and coding and the Trust is certain it can make improvements which improve the patient pathway (experience) but also limit the financial impact of this target.

Trust Balanced Scorecard - August 2011

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

4-01 Monitor FRR of 3 is rounded up from underlying rating of 3.2 versus budgeted 3.3.

4-02 Income of £18.7m was £42k below target, as summer drop off was greater than budgeted. Year to date income remains £1.4m ahead of plan. The level of overperformance is lower than previous years and reflects activity levels which are generally down on this period last year.

4-03 EBITDA was £0.6m adverse to budget due to pay and non pay overspends. At surplus level this was offset by depreciation savings giving an in month surplus of £0.4m, which is £0.4m adverse to budget. Year to date the Trust is reporting a surplus of £0.2m, which is £0.7m adverse to plan.

4-05 CIPs are £0.6m short of target year to date, ie a major factor behind the EBITDA shortfall. The full year forecast CIP has improved to £10.8, with further work remaining to achieve the £12m target.

4-09 Non elective length of stay has been higher than planned so far this year, offsetting the reduction in non elective admissions and creating cost pressures. As a result of big effort from clinicians to step up daily ward rounds, the position improved from 5.5 days in July to 5.1 in August.

4-10 Outpatient "Do Not Attends" also improved in August from 10.3% to 9.6%. This follows the implementation of new text and phone appointment reminder service.

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			Total deceased/Total admitted
			10/11 outturn=25,678			
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					