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

TRUST BOARD
30th June 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:	20th June 2011
Decision:	For Noting

Trust Balanced Scorecard - May 2011

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

BALANCED SCORECARD **Position as at: 31 May 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	May Actual	Performance Mar	Performance Apr	Performance May	YTD 11/12
1-01	Standardised mortality (Relative Risk)*	90.7*	82	91.3	92.5*	▲	▲	▼	91.3*
1-02	Crude mortality	1.60%	1.60%	1.69%	1.80%	▼	▼	▲	1.92%
1-03	MRSA (Hospital only)	5	4	3	0	◄►	◄►	◄►	0
1-04	C.Diff (Hospital only)	36	33	35	6	▼	▲	▼	8
1-05	Mortality from C.Diff (All cases)	10.3%	6.3%	10.1%	15.4%	▲	▼	▼	15.0%
1-06	Mortality from VTE	0.4%	0.35%	0.20%	0.0%	▼	▲	◄►	0.0%
1-07	Mortality from Hip fractures	4.8%	4.6%	5.0%	3.7%	▲	▼	▲	8.2%
1-08	National Patient Survey>Avg responses	! New	>3	Annual measure					
1-09	Patient Satisfaction (NetPromoter Score)	77.3%	90.0%	81.0%	79.7%	▲	▼	▼	80.0%
1-10	Formal complaints	360	320	326	35	▼	▲	▼	60
1-11	SUIs	14	14	15	3	◄►	▼	▼	5
1-12	Falls - resulting in significant injury (grade 3)	16	14	14	0	◄►	◄►	◄►	0
1-13	Hip fractures treated within 36 hrs	93.0%	85%	90%	87.5%	▼	▼	▼	89.0%
1-14	Summated Adverse Report Index (SARI)	1,799	1,552	1689	148	▼	▲	▲	297
1-15	Average Bed Occupancy-Actual beds	94%	94%	94%	95%	▼	▼	▲	92.7%
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	May Actual	Performance Mar	Performance Apr	Performance May	YTD 11/12
2-01	Establishment (WTE)	3295	3228	3244	3290	▲	▲	▲	3290
2-02	Establishment growth (WTE)	! New	44	48	0	NEW		◄►	45
2-03	CIPs WTE reduction	! New	111	101	5	NEW		▲	51
2-04	CIPs Pay Reduction from WTE	! New	£3,157k	£3,157k	£163,275	NEW		▲	£303,417
2-05	Vacancies (WTE)	8.8%	<10%	<10%	8.6%	▲	▼	▲	8.6%
2-06	Agency Staff use (WTE)	44	<40	<40	31	▼	▲	▲	31
2-07	Bank staff use (WTE)	290	<305	<305	264	▲	▲	▼	264
2-08	Staff turnover rate	12.7%	<12%	<12%	11.8%	▼	▲	▲	11.8%
2-09	Stability	89.6%	>88	>88	89.0%	▼	▼	▲	89.0%
2-10	Sickness absence	2.9%	<3.25%	<3.25%	3.08%	▲	▼	▼	3.08%
2-11	Staff Appraisals	92.0%	100%	100%	87.3%	▲	▼	▼	87.3%
2-12	Consultants WTE:bed ratio	0.35:1	<0.39:1	<0.38:1	0.39:1	◄►	▲	▲	0.39:1
2-13	Nurses WTE:bed ratio	1.95:1	<1.99:1	<1.99:1	1.96:1	◄►	▼	▲	1.96:1
2-14	Staff Satisfaction	>50% top 20	>50% top 20	>50% top 20	50%	◄►	◄►	◄►	50%
2-15	Staff in leadership programmes	! New	600	600	166	▲	▲	▲	166
2-16	EQUIP Trained	46	250	172	11	NEW		▲	21
2-17	Statutory and Mandatory Staff Training	! New	TBC	TBC	NEW	NEW			TBC

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	May Actual	Performance Mar	Performance Apr	Performance May	YTD 11/12
3-01	Decrease Emergency Admissions (to 08/09 baseline)	25,678	23,077	22,734	2,072	▼	▲	▼	3,924
3-02	GP Referrals - increase elective activity	92,523	98,833	79,368	7,714	▲	▼	▲	14,005
3-03	% Day Surgery undertaken at Ashford	67.4%	70.0%	70.0%	68.7%	▼	▲	▼	68.9%
3-04	% OP undertaken at Ashford	33.0%	34.5%	32.6%	32.4%	▼	▲	▼	32.6%
3-05	% OP undertaken outside Trust	6.0%	7.0%	6.2%	5.6%	◄►	▲	▼	5.8%
3-08	Readmissions within 30 days - Elective	3.1%	3.0%	3.0%	3.2%	▼	▲	▲	3.2%
3-09	Readmissions within 30 days - Emergency	15.0%	<12.00%	14.0%	13.8%	▲	▼	▲	14.5%
3-10	Readmissions from Nursing Homes	5.2%	5.20%	4.0%	4.5%	▼	▲	▼	4.1%
3-11	Overall Market Share Surrey PCT*	26%	>26%	26%	25%***	◄►	◄►	▼	26%
3-12	Local Market Share - Hounslow*	8%	>9%	7%	6.9%***	▼	▼	▲	7.6%
3-13	Local Market Share – Berkshire East*	12%	>12%	12%	13%***	▼	▲	▲	11.9%

*Source from **March** Dr Foster

*** Actual = Mar 2011 YTD =Apr-Mar 2010/11

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	May Actual	Performance Mar	Performance Apr	Performance May	YTD 11/12
4-01	Monitor financial risk rating	4	3	3	1			◄►	1
4-02	Total income excluding interest (£000)	£224,559	£219,527	£221,008	£18,050			▲	£34,894
4-03	EBITDA actual (£000)	£16,703	£17,419	£17,419	£674			▲	£147
4-04	I&E net operational surplus (£000)	£3,314	£2,100	£2,100	-£290			▲	-£1,907
4-05	CIP Savings achieved (£000)	£9,014	£12,000	£9,931	£667			▼	£1,336
4-06	Month end cash balance (£000)	£18,656	£15,529	£15,529	£17,664			▲	£17,664
4-07	Capital expenditure purchased (£000)	£9,158	£14,066	£14,066	£0			◄►	£956
4-08	Average LOS Elective	2.95	2.95	2.93	2.59	▲	▼	▲	2.96
4-09	Average LOS NonElective	4.90	4.80	5.10	5.64	▼	▲	▲	5.70
4-10	Outpatients Did Not Attend *	10.6%	9.5%	9.5%	10.8%	▲	▲	▼	10.7%
4-11	Day Case Rate (whole Trust)	82.9%	84%	84.0%	83.6%	▲	▲	▼	83.8%
4-12	Theatre Utilisation	86.8%	90.0%	83.9%	81.8%	▲	▲	▼	82.1%
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 2 target=10.3%.**

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					

Trust Balanced Scorecard - May 2011

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

1-01/02 The hospital SMR remains above 90. Although this is better than the national benchmark of 100 it is higher that the Trusts target of 82. An interrogation of the Dr Foster
data base shows that across 56 diagnostic categories there were only 3 that showed a higher than expected figure. These fell into 3 unusual, and for the Trust low volume conditions namely "other perinatal conditions, cancer of the ovary and subcutaneous infection.

The crude mortality rate in May was 1.6% which although rate red against target, is a significant improved on last months figure of 2.1%. A breakdown of the figures for this month is provided under table 2. The absolute deaths in the Trust were 110, in line with the Trusts predicted figures. The data also shows that in May there was a reduction in mortality in emergency medicine to 4.28% which is the lowest rate for 6 months and represents a 28% improvement over the April figure.

The Dr Foster data base shows that the trusts relative risk figure (national benchmark) for hospital mortality (CMR) is 89 which is significantly better that the predicted figure of 100.In an analysis of all causes of mortality the trust is recorded as having higher rates than expected for the 3 conditions described above and influenza and low birth weight babies. These additional diagnostic categories are again uncommon diagnosis. The Trust has initiated a note based audit of the specific cases identified the results will be reported by the relevant divisions at CGC.

1-04/05 The Trust has experienced 6 cases of C.diff . RCA has not identified any common themes, particular with reference to wards or staff, and the cases are not seen as a cluster or “outbreak”. Further review has suggested that the use of Tazocin, a powerful broad spectrum antibiotic which can be associated with C.diff, may be implicated and the Trust has placed formulary restrictions on its use. There has been an awareness campaign about the continued spectra of Hospital acquired infection on all wards. To date no further cases have been reported. The C.diff mortality of 15.4% represents 1 death in this patient group. The cases have been reported, as required, as an SUI.

1-07 to 1-13 The Trusts performance for hip fracture repair within 36 hrs showed a small dip in May but the Target figure of above 85% was still delivered. This dip was generated by operational pressures and the extended weekends in May but the delivery at a level of 85% suggests that the processes in place to deliver this performance are robust. The mortality rate for hip fractures showed a further improvement to a figure of 3.7% which is a 23% improvement on target.

Trust Balanced Scorecard - May 2011

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

2-01/04 The target for CIPs reduction for 2011/12 was set at 111 WTE to achieve 3.5% reduction in workforce. 44 posts were identified as growth in the establishment. The forecast for 2011/12 is that 101 WTE reductions and 48 WTE growth have been identified for the financial year. In April, 46 WTE reductions were due to release savings of £190k, of which £140k was achieved. In May a reduction of a further 5 WTE was achieved with a saving of £163k, increasing the reduction to 51 WTE and saving £303k year to date.

2-05 The vacancy rate has reduced slightly from last month to 8.6%, and is within target.

2-06/07 Agency use decreased to 31 WTE for May, within the target for the month. Medical Agency usage accounted for 14.2 WTE, a slight decrease from 14.5 WTE last month, Nursing agency usage has seen a slight increase to 15.3 WTE from 15.1 WTE in April, but both remain high due to immediate need to provide staffing for escalation beds. Bank usage increased to 264 WTE in May and remained within target.

2-08/09 Stability (percentage of the workforce with more than one year's service) has seen a slight increase this month to 89.0%, and is within target. Turnover (number of leavers during previous 12 months expressed as percentage of the workforce) has decreased to 11.8% as a result of 28 staff leaving the Trust in the month and is within target. 25 new starters joined the Trust this month.

2-10 The sickness rate for ASPH was 3.08% in April, and is within the target for 2011/12 of 3.25%. April's figure is an increase from March's rate of 3.03%, however is lower than the same period last year (Sickness in April 2010 was 3.27%). 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 decreased in May to 87.3% and is below the new target set for the year of 100%. Action plans are in place by division for staff with outstanding appraisals. At the end of May, Medical appraisals were recorded at 92.5% with 18 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.

2-12/13 Consultant and non-career grade doctors per bed, and qualified nurses & midwives per bed reflect the inter-relationship between the Trust's bed modelling and workforce plans. The targets for 2011/12 are based on planned establishment per bed. In this financial year the indicators measure actual monthly medical and nursing staff (permanent and temporary) against actual beds available (normal and escalation). The ratios for consultants per bed and qualified nurses per bed have increased in May, as the number of beds reduced from 574 in April to 542 in May.

2-14 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 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. All the divisions and directorates have completed their local action plans in respect of top and bottom findings. This is being supplemented with corporate support in respect of the health, safety and well-being aspects of the action plans. The summer survey is due to take place in last week of June/first week of July.

2-15/17 The Good 2 Great programme continued this month with key note speakers. Candy Morris CBE, Chief Executive, NHS South East Coast presented the challenges for leadership through change and Kate Lobley shared the findings of a King's Fund report on 'The future of leadership and management in the NHS: No more heroes'. The Learning and Development Directory will be launched next month offering a wide range of programmes.

The Speciality Lead Development Programme continues with the focus being around the strategic objectives and programmes of work and the importance of clinical leadership. Two events were held this month: the first concentrated on the patient experience and high quality standards and how data is used for assurance; and the second on operational and financial challenges and opportunities.

The EQUIP team is exploring a reduction in the duration of the Bronze training course further from current 2.5 days to 2 days (was initially 3 days). This will allow a doubling of capacity with minimal resource increase. This was successfully tested in May and will be tested again in June to ensure this can be repeated without adversely affecting quality.

Trust Balanced Scorecard - May 2011

Commentary on Strategy - *Mike Baxter, Medical Director*

3-01/02 The activity data for May provides a complex picture.

The emergency activity, where the Trust has targeted a 17% reduction in activity to avoid the non elective cap, has increased by 8%. Conversely elective activity which we the Trust is aiming to maintain or increase activity has decreased by 16%.

Although this shows an improvement over the April figures where the Trust had seen a 25% reduction in elective activity, it still places the Trust in an adverse position against Targets.

3-03 to 3-10 Represents the readmission figures for the Trust.

These figures are important as the Trust is not remunerated for elective-emergency readmissions and the PCT demands that the Trust shows a 25% reduction in emergency-emergency readmissions.

The figures show that the Nursing home project does appear to deliver a sustained reduction in readmission which on the total figures appears to be at 14%, but in the project homes is around 40-50%.

This may be part of the explanation for a small but encouraging reduction in emergency-emergency readmissions (8%).

In contrast the elective –emergency readmission rate has shown a small increase (4%). Work on readmission rates is seen as a strategic priority for the Trust.

Trust Balanced Scorecard - May 2011

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

4-01 Financial risk rating at month 2 continues at 1 versus a planned step up to 2. We are forecasting to get back to budgeted rating of 3 in June and successive months.

4-03 The driver behind the lower FRR is EBITDA which is £1.1m adverse to budget due to pay overspend. There are a number of factors behind the additional pay costs:

- Escalation beds remaining open well into spring,with length of stay for emergency patients increasing (see 4-09).

- CIP programme (4-05) has underdelivered by £0.3m.

- Medical agency spend has increased versus last year.

- Following the implementation of new nursing establishments last year, certain wards are overestablished.

During June escalation beds have been closed and anumber of measures are underway to improve financial performance and get CIPs back on track, so an improved Q1 position can be delivered.

4-04 The Trust has a year to date deficit of £1.9m, this is £1.1m behind target reflecting thelower EBITDA.