Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
30th September 2010

TITLE	**Balanced Scorecard**
EXECUTIVE SUMMARY	This paper reports on progress against the Trust's four key strategic objectives.
BOARD ASSURANCE (Risk) / IMPLICATIONS	Provides assurance that progress is being made against the Trust's four strategic objectives.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Not relevant.
EQUALITY AND DIVERSITY ISSUES	Covered in workforce section.
LEGAL ISSUES	None to note.
The Trust Board is asked to:	Note the report.
Submitted by:	Valerie Howell, Deputy Chief Executive Raj Bhamber, Director of workforce & OD John Headley, Director of Finance and Information
Date:	21st September 2010
Decision:	For Noting

Ashford & St Peter's Hospitals NHS Trust
BALANCED SCORECARD

Position as at: 31 Aug 2010

Delivering or exceeding Target		Improvement Month on Month	▲
Underachieving Target		Month in Line with Last Month	◄►
Failing Target		Deterioration Month on Month	▼

1. To achieve the highest possible quality standards for our patients, exceeding their expectations, in terms of outcome, safety and experience.

	Patient Safety & Quality	Annual Target	Forecast	Actual	Change			YTD
1-01	Standardised mortality (Relative Risk)*	82	82	80**	▲	▼	▲	82**
1-02	Crude mortality	2.6%	1.6%	1.6%	▲	▲	▼	1.4%
1-03	MRSA (Hospital only)	5	5	0	▲	▼	▲	5
1-04	C.Diff	90	50	5	▲	▼	▲	21
1-05	Patient Satisfaction (Your Feedback)	90%	90%	76.3%	New Survey		▼	76.5%
1-06	Formal complaints	361	357	19	▼	▲	▲	147
1-07	SUIs	14	14	1	◄►	◄►	▼	6
1-08	Falls - resulting in significant injury (grade 3)	29	20	4	▼	▲	▼	8
1-09	Hip fractures treated within 36 hrs	70%****	83.5%	76.5%	▼	▲	▼	67.7%
1-10	Readmissions within 14 days	3.7%	3.2%	2.4%	▼	▲	◄►	3.1%
1-11	VTE Assessment*****	90%	90%	70.0%	New System		▼	78.2%
1-12	Summated Adverse Report Index (SARI)	1924	1848	108	◄►	▲	▲	816

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	3278	3288	◄►	▲	▲
2-02	Vacancies (WTE)	<10%	<10%	9.5%	9.1%	▲	▼	▼
2-03	Agency Staff use (WTE)	45	45	22	40	▼	▼	▲
2-04	Bank staff use (WTE)	300	300	271	279	▼	▲	▲
2-05	Staff turnover rate	<13%	<13%	11.4%	11.9%	▲	▲	▲
2-06	Stability	>87%	>87%	89.6%	89.5%	▲	▼	▲
2-07	Sickness absence	<3.5%	<3.5%	3.0%	2.8%	▲	▲	▼
2-08	Staff Appraisals	95.0%	95.0%	87.1%	84.5%	▲	▲	▲
2-09	Consultants WTE:bed ratio	<0.36:1	0.35:1	0.36:1	0.35:1	◄►	◄►	◄►
2-10	Nurses WTE:bed ratio	<1.99:1	1.95:1	1.97:1	1.95:1	◄►	◄►	◄►
2-11	Staff satisfaction	>3	>3	7	3	◄►	◄►	▲
2-12	Staff in leadership programmes	600	600	285	223	▲	▲	▲

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	25,607	2,124	▲	◄►	◄►	10,735
3-02	GP Referrals - increase elective activity	98,833	97,927	7,290	▲	▼	▼	39,884
3-03	Overall Market Share Surrey PCT*	>26%	**26%**	**26%*** **	◄►	◄►	◄►	**26%*** **
3-04	Local Market Share - Woking & W Byfleet*	>75%	**75%**	**75.1%*** **	▲	▲	▲	**75.1%*** **
3-05	Local Market Share - Feltham & Bedfont*	>30%	**28%**	**27.1%*** **	▼	▼	▼	**27.1%*** **
3-06	Local Market Share - Hounslow*	>9%	**9%**	**8.4%*** **	▼	▲	◄►	**8.4%*** **
3-07	Local Market Share - Mid Surrey (inc. Cobham)*	>1.5%	**1.5%**	**1.7%*** **	▲	▼	◄►	**1.7%*** **
3-08	% Day Cases undertaken at Ashford	52.0%	48.3%	46.3%	▼	▼	▼	48.3%
3-09	% OP undertaken at Ashford	34.5%	33.2%	33.1%	▲	▲	▲	30.5%
3-10	% OP undertaken outside Trust	7.0%	6.2%	5.7%	▲	▲	▼	5.8%
3-11	Bed reductions against bed model	454	454	436	▼	▲	▲	436

4. To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework.

	Finance & Efficiency	Annual Target	Forecast	YTD Plan	YTD Actual
4-01	Monitor financial risk rating	4	4	4	4
4-02	Total income excluding interest (£000)	£219,071	£224,325	£90,801	£92,946
4-03	EBITDA actual (£000)	£18,578	£17,091	£7,646	£7,192
4-04	I&E net surplus (£000)	£3,300	£3,300	£1,280	£1,445
4-05	CIP Savings achieved (£000)	£9,000	£9,000	£3,025	£2,653
4-06	Month end cash balance (£000)	£8,500	£8,500	£12,217	£13,749
4-07	Capital resource limit (£000)	£13,965	£13,965	£2,295	£1,609
4-08	Pay cost (% of income)	61.9%	62.2%	62.3%	62.9%
4-09	Average LOS Elective	2.95	3.20	2.91	3.13
4-10	Average LOS Emergency	4.8	4.64	4.84	4.81
4-11	Outpatients Did Not Attend	8.8%	8.8%	9.4%	10.7%
4-12	Outpatients New:Follow up Ratio	2.0	1.6	2.0	1.6
4-13	Day Case Rate (whole Trust)	81.4%	82.6%	80.8%	81.9%
4-14	Theatre Utilisation	85.0%	85%	85%	83%

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

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

1-01/02 The Trust August SMR is 80. This an improvement on last month's figure of 89. The crude mortality rate is 1.6% which is a small rise on last month's value of 1.4%. Both figures show a very good performance by the Trust and this is discussed in more detail in section 1.2 and 1.3.

1-03/04 The Trust performance with respect to Hospital acquired infections shows no cases of MRSA and 5 cases of C.Diff. The Trust is clearly on course to deliver the year-end C.diff target but is also on course to show a 5% improvement on last year's outturn and a 50% reduction in C.Diff mortality rates.

1-05 Trust continues to develop the use of new patient feedback report. The figure for patient satisfaction of 76.3% is similar to last month's figure of 76.7%. The challenge is to increase the rate of completion of the new forms in all clinical areas, so that the data accurately reflects the general experience of patients across the whole Trust. Ensuring that this real time, patient experience metric sucessful captures the Trust performance remains a key objective of Programme 1 and is under regular review and scrutiny.

1-06 Formal complaints has shown a fall for the second consecutive month and means that the Trust is on target to show a 10% reduction in complaints across the year.

1-07 There has been 1 SUI reported this month. This is discussed else where in the Trust papers.

1-08 There were 4 falls resulting in grade 3 injury this month. This shows a detoriation on last month's figure of 0. This is analysed in more detail in the ward quality metrics. The Trust remains committed to achieving its internally set target of a 10% reduction in falls over last year's performance.

1-09 **:** Hip fractures treated within 36 hrs shows a value of 76.5% which is a reduction on the excellent performance of last month (86.2%). This does however meet the PCT trajectory of 70% in Q2. The August performance has been analysed further; there were 32 admissions compared to 29 in July. There was also a peak of admissions on Friday and Saturday which created capacity and operational pressures. There continues to be refinement of systems and process of capacity management to ensure the Trust can cope with activity peaks.

1-10 The Trust 14 day readmission rates remain on target but as has previously been discussed this figure may not be robust or clinically significant. More detailed data and analysis on 30 day readmission is being collected and will be presented at the next Board meeting.

1-12 The SARI represent the absolute number of adverse events reported in the the Trust's dashboard. This figure is a locally developed index of "avoidable" harm. This figure has shown improvement in 2 successive months.The Trust is on target to deliver a 10% reduction (improvement) in reported harmful events.

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

2-01/02 The Trust's establishment as at the end of month 5 decreased to a level of 3278 whole time equivalents (WTE) in line with the workforce plan and CIP projections. This is 10 WTE lower than the previous month. The number of staff employed by the Trust stands at 2967 WTE, which is 32 WTE (or 1%) higher than at this point last year. There was a small increase in the number of vacancies from the previous month, although the figure remains within target.

2-03/04 There was a significant, continued reduction in the use of temporary staff in August, which commenced in July. This is attributable to reductions in nursing agency usage from 19 wte nurses in July to 5 wte in August (from a peak of 56 agency nurses in June). Senior nurses are using a 'decision-tree' to inform decision-making by identifying a range of alternative options to ensure safe levels of care without automatically resorting to booking an agency member of staff. The balance of 17 WTE agency staff used in August lies within Medical & Dental and A&C groups, and action plans have been drawn up to reduce such usage which are closely monitored weekly by the Exdecutive Directors and monthly at the PRMs.

2-05/06 The turnover (11.4%) and stability (89.6%) measures both improved again in August compared to the previous month. Turnover is now at its lowest rate for a number of years and both measures are ahead of their respective target levels. Month-on-month improvements for turnover and stability were seen across all staff groups when analysed individually.

2-07 There has been a slight increase in the sickness absence rate from 2.8% to 3.0%. This is 0.1 percentage point lower than at this point last year and remains beneath the target level

2-08 The number of staff recorded as having participated in an appraisal during the last year has continued to improve month-on-month, rising to 87.1% in August 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 records. Further improvement in the appraisal rate is anticipated as this
process continues.

2-09/10 Consultant and non-career grade doctors per bed, and nurses per bed are two new metrics which have been added to this year's scorecard. These reflect the inter-relationship between the Trust's bed modelling and workforce plans and are key indicators of the co-ordination that will be required as both are implemented in tandem. Ratios for both metrics have seen a slight increase since July, based on a small reduction in the Trust's bed numbers.

2-11 This measure tracks the key staff survey indicators where the Trust benchmarks within the top quartile of all acute hospitals in England. Results from the mid-year, local survey conducted by Picker as an Indpendent Survey were shared with the Board (August 2010) alongside benchmarks from the most recent national survey. This has shown that a further 4 key scores now lie within the top quartile when assessed against the most recent national survey benchmarks, bringing the total to 7. The fieldwork for the next national survey will commence shortly.

2-12 Participation in leadership development continues to be sponsored across the Trust. To date, 285 individuals have participated in one or more forms of leadership development during this financial year. This includes the 100 participants continuing on the Good 2 Great programme, which involves a wide representation of staff from different staff groups and levels. Other programmes include Manager's Passport, Recruitment and Selection skills, Bronze training for EQUIP, Team Leadership NVQ's, equality & diversity facilitators and external programmes. Programmes are currently being mapped onto a leadership and management framework and a new suite of leadership and management development programmes will be launched in late October this year.

Note:
1 Leading Ashford and St Peter's Hospitals from Good to Great Masterclass2 will take place on 6 October, 9am – 12noon at Ashford Hospital. Research and evidence (from the US and UK) on the correlation between patient safety and people management practices and lessons learnt from the Aviation Industry about passenger safety (Professor Mike West, Aston University, and Captain Phil Higton.

2 The Trust has accepted an invitation to participate in a research project commissioned by the Department of Health to evaluate the extent to which cultural and behavioural changes increases quality and safety in healthcare (September 2010). The two strands of the study are as follows:

- Trust Board Values and Innovation: This strand will look at the work of trust boards to examine the extent to which the focus of the board is on quality and safety (particularly during meetings) and how the boards processes might impact on decisions made about quality and safety for patients.

- Effective Team and Inter-Team Working: This strand focuses on between 10 and 20 teams in each trust to investigate the link between team processes and quality of patient care.

The research findings will be reported to the Trust Board and Workforce Strategy Steering Group.

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

3-01 In August, the Trust continued to over-perform on this measure, but at a very similar level to June and July (which was a decrease compared May.) The Trust embarked on a range of improvement initiatives to address this issue, with more schemes coming on line at the end of August and in September. A number of changes have been made to streamline ambulatory care pathways and improve efficiency. The Trust is reviewing the options for reflecting the activity for very short stay patients (under 12 hours) more appropriately. This work is being done with the agreement of NHS Surrey.

Joint working via the North West Surrey Transformation Board continues, with the aim of redesigning emergency and urgent care systems over the medium-term.

3-02 GP referrals remained lower over the summer, possibly reflecting the holiday season. This indicator will be kept under review: there are seasonal trends in GP referral, but the Trust is will also monitor the potential impact of the referral management schemes in two local clusters.

3-03/07 The report shows the newly released market share data for Q1 of 2010/11. Market share for Surrey remains stable at 26%. Local market share in Woking improved again to 75.1%, and continues to edge higher in Cobham/mid-Surrey. Market share is slightly lower in Hounslow and Feltham. A competitor analysis is being developed and will be reviewed by the October meeting of the Clinical Strategy group, with the development of a targeted action plan for the Feltham and Hounslow cluster practices.

3-08 Percentage of daycases undertaken at Ashford reduced further, during August. Action plans will be developed via the Theatre Utilisation Group.

3-09/10 The percentage of out-patient activity delivered at Ashford Hospital increased again in August, to just over 33%, although the proportion undertaken outside the Trust fell slightly. The refurbishment of the out patient department at Ashford is due to begin late 2010/11, and a programme of detailed service planning work has begun, to agree the future service portfolio on site and explore the opportunities for more out patient work to take place at Ashford.

3-11 Bed reductions shows an improvement from last month and is achieving the expected trajectory.

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

4-02 Year to date income of £92.9m is £2.1m ahead of budget. Overperformance on PCT contracts has reduced substantially with a seasonal activity dip in August – income in the month being £0.7m less than budget.

4-04 In-month surplus of £0.1m was £0.2m short of budget, due to the lower activity. Year to date surplus of £1.4m is £0.2m ahead of budget.

4-05 Cost Improvement Programmes have delivered £2.7m of savings year to date – 12% below target. This gap is narrowing, with a number of replacement schemes coming on stream in August to mitigate those schemes which are under delivering. We believe we are on track to deliver the full year target of £9.0m.

4-07 Capital spend of £1.6m is 30% below the phased target, due to delays initiating certain schemes. Agreement has been reached on revised capital priorities so that the full year budget can be invested.

4-11 Outpatient DNA's are tracking in excess of target, and in line with recent experience. This is unlikely to change substantially before Q4 as the EQUIP programme focuses on other areas of the Trust such as Theatres before turning to Outpatients.