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

TRUST BOARD
31st March 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:	Valerie Bartlett, Deputy Chief Executive Raj Bhamber, Director of Workforce & Organisational Development John Headley, Director of Finance and Information
Date:	23rd March 2011
Decision:	For Noting

Ashford & St Peter's Hospitals NHS Trust
BALANCED SCORECARD

Position as at: 28 Feb 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	Annual Target	Forecast	Actual	Change			YTD
1-01	Standardised mortality (Relative Risk)*	82	82	107.3**	▲	▼	▼	90.7**
1-02	Crude mortality	2.6%	1.8%	1.5%	▼	▲	▲	1.6%
1-03	MRSA (Hospital only)	5	5	0	◄►	◄►	◄►	5
1-04	C.Diff	67	36	1	◄►	▲	▲	33
1-05	Patient Satisfaction (Your Feedback)	90%	84%	79.1%	▼	▼	▲	76.9%
1-06	Formal complaints	361	351	31	▲	▼	▲	322
1-07	SUIs	14	15	1	▲	▼	◄►	14
1-08	Falls - resulting in significant injury (grade 3)	29	16	1	◄►	◄►	◄►	15
1-09	Hip fractures treated within 36 hrs	85%****	85.0%	96.8%	▼	▲	▼	92.0%
1-10	Readmissions within 14 days	3.7%	3.7%	3.8%	▼	▲	▲	3.5%
1-11	VTE Assessment	90%	90%	91%	▲	▲	▲	84.3%
1-12	Summated Adverse Report Index (SARI)	1924	1724	171	▲	▼	▼	1581

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)	3270	3297	3295	3290	◄►	◄►	▼
2-02	Vacancies (WTE)	<10%	<10%	9.0%	8.8%	◄►	▼	▼
2-03	Agency Staff use (WTE)	<45	45	41	37	▼	◄►	▼
2-04	Bank staff use (WTE)	<300	300	300	284	▼	▼	▼
2-05	Staff turnover rate	<13%	<13%	12.0%	12.4%	▲	▲	▲
2-06	Stability	>87%	>87%	93.1%	93.1%	▼	▲	◄►
2-07	Sickness absence	<3.5%	<3.5%	3.49%	3.93%	▼	▼	▲
2-08	Staff Appraisals	>95%	95.0%	88.2%	89.7%	▲	▼	▼
2-09	Consultants WTE:bed ratio	<0.36:1	0.35:1	0.35:1	0.36:1	◄►	◄►	▲
2-10	Nurses WTE:bed ratio	<1.99:1	1.95:1	1.95:1	1.95:1	◄►	◄►	◄►
2-11	Staff satisfaction	>3	>3	20	7	◄►	◄►	◄►
2-12	Staff in leadership programmes	600	600	527	489	▲	▲	▲

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	25,548	1,716	▲	▲	▲	23,374
3-02	GP Referrals - increase elective activity	98,833	92,826	7,043	▼	▲	▲	84,174
3-03	Overall Market Share Surrey PCT*	>26%	26%	26%***	▼	▲	◄►	26%***
3-04	Local Market Share - Woking & W Byfleet*	>75%	74%	74.3%***	◄►	▼	▲	73.4%***
3-05	Local Market Share - Feltham & Bedfont*	>30%	30%	29.2%***	▼	▲	▲	30.4%***
3-06	Local Market Share - Hounslow*	>9%	8%	7.8%***	▼	▲	▲	7.9***
3-07	Local Market Share - Mid Surrey (inc. Cobham)*	>1.5%	1.7%	1.7%***	▲	▼	▲	2.0%***
3-08	% Day Surgery undertaken at Ashford	70.0%	70.0%	71.3%	▼	▲	▼	67.4%
3-09	% OP undertaken at Ashford	34.5%	33.2%	33.3%	◄►	▼	▲	33.1%
3-10	% OP undertaken outside Trust	7.0%	6.2%	6.0%	▼	▼	▲	6.0%
3-11	Bed reductions against bed model	454	454	454	▼	▲	▼	454
3-12	Average escalation beds opened at SPH			50	New		▲	50

* Source data from Dr Foster
** Actual = Dec 2010 YTD =Apr-Dec 2010/11
*** Actual = Dec 2010/11 YTD =Apr-Dec 2010/11
****Q2=70% Q3 = 85%

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)	£219,070	£224,209	£200,688	£205,466
4-03	EBITDA actual (£000)	£18,578	£16,568	£16,932	£15,118
4-04	I&E net surplus (£000)	£3,300	£3,300	£2,927	£2,953
4-05	CIP Savings achieved (£000)	£9,000	£9,012	£8,144	£8,149
4-06	Month end cash balance (£000)	£8,500	£17,684	£14,168	£13,273
4-07	Capital resource limit (£000)	£10,965	£9,741	£9,662	£7,255
4-08	Pay cost (% of income)	61.9%	62.6%	61.9%	62.7%
4-09	Average LOS Elective	2.95	2.95	2.95	2.98
4-10	Average LOS Emergency	4.8	4.8	4.8	4.9
4-11	Outpatients Did Not Attend	8.8%	9.4%	8.8%	10.6%
4-12	Outpatients New:Follow up Ratio	2.0	1.7	2.0	1.7
4-13	Day Case Rate (whole Trust)	81.4%	84.5%	81.4%	82.9%
4-14	Theatre Utilisation	85.0%	85%	*79.02%	80.0%

*YTD Plan=Outturn 09/10

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

1-01 The SMR has increased to the highest value recorded this year at 107.3.
The Dr Foster data base does not identify any areas of concern or indicate any alerts. The data points to the increase in SMR being related to the general increase in emergency activity and also reflects that during this period there was a peak in acutely sick younger people. This data will continue to be monitored and reviewed but there is assurance to the Board that the CMR for February had returned to the previously low value of 1.5%.

1-02 The increased SMR is reflected in the higher CMR rate in this period (see mortality and morbidity table 2) at 2.25% and the higher numbers of deaths 141 vs. 119. The Trust is still on course to achieve the target of 82 for the whole year.

1-03 The Trust continues to perform well against HAI targets and has now recorded 247 days without an MRSA infection, marking this the Trust's best ever performance.

1-06 Formal complaints received by the Trust have increased. Initial analysis suggests that these are being driven by the very high operational pressures that the Trust is experiencing.

1-07 There has been 1 SUI this month.

1-09 The rate of hip fracture repair within 36hrs continues to exceed 90%, a performance that places the Trust in the top quartile nationally. Furthermore, in the hospital mortality from fractured neck of femur at 5% is well below the national average of 7.7%.

1-12 There was a small increase in the SARI value this month; this is driven exclusively by the increase in complaints.

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

2-01/02 The Trust's establishment at the end of February was 3295 whole-time equivalents, the same as the previous month, and this reconciles exactly with the financial establishment. The year-end projection for establishment has been amended from 3270 to 3297 based on reconciliation against the current CIP programme and taking into account new posts established in 2010/11. Vacancy levels have increased slightly from last month to 9.0%, this remains within target. The number of staff substantively employed by the Trust has decreased to 2982 WTE.

2-03/04 The overall level of agency usage increased to 41 WTE for February, within the target for the month. The average for the year to date is 40 WTE. The increases in Agency resulted from a slight increase in nursing (0.9WTE) and medical agency (0.71WTE).

Bank usage increased to 300 WTE. The main increase was in Allied Health Professionals/Healthcare scientists/support staff (19WTE)
The reasons recorded for bookings across all staff groups indicate that there were increases 13% of bookings were to cope with escalation, 8% for planned leave, and 14 % for vacant shifts. The plans in place to reduce medical agency usage are being monitored with the divisions.

2-05/06 Stability (percentage of the workforce with more than one year's service) has remained at 93.1% this month and is above target. Turnover (number of leavers during previous 12 months expressed as percentage of the workforce) has shown a slight improvement to 12.0% with 29 leavers in the month and is within the target level.

2-07 The sickness rate for ASPH was 3.49% in January and has returned to within the target of 3.5%. This is a decrease of 0.4% from December's sickness rate of 3.93%. The average rate for April 2010 to January 2011 is 3.32%, including the peak in December which saw the rate increase above the target for the first time this financial year. This is below the Trust and SEC target of 3.5%.

2-08 The number of staff recorded on ESR as having participated in an appraisal during the last year has decreased slightly to 88.2% at the end of February, although significant improvements have been made in some divisions with Surgery over 95%. Medical appraisals are at 95% with 10 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. At the end of February there were 441 appraisals overdue and 166 due to take place in March.

2-09/10 Consultant and non-career grade doctors per bed, and qualified nurses per bed 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. This ratio is based on 564 beds including escalation beds. This measure has been reviewed and recommended that for the new financial year the calculation will include numbers of employed nurses (ie. permanent and temporary) against actual bed numbers (normal and escalation.

2-11 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 have now been published and are being reported separately at the Trust Board. Members will note that the Trust has exceeded the annual target of increasing the numbers of key findings in the top 20% from 3 (reference 2009 results) to 7 (adjustment in year based on the mid-year survey). The year end performance is a fantastic 18 key findings in the top 20%.

2-12 The Ward Managers Development and Road to Success programmes continue with positive feedback. The Good to Great application process for 2011 has commenced. A Leadership development programme for speciality leads has been agreed and will commence at the end of March.

Commentary on Clinical Strategy - Valerie Howell, Deputy Chief Executive

3-01 Significant drop in emergency admissions for the month of February. 415 admissions lower than in the previous month which equates to a reduction of about 20%. This is encouraging evidence that the new ways of working introduced in month (expansion of the nursing home scheme, implementation of virtual ward, piloting of meet and greet scheme in A and E) as well as increasing primary and social care support, are working well. A number of additional schemes (funded by winter pressures money) have been introduced by other agencies during February.

3-02 GP referrals have recovered in February after the slight dip in the previous month. The Trust continues to work with GP consortia around the introduction of more efficient pathways and the joint consultant/GP community clinics. Four such schemes are now live with further schemes in various stages of development and negotiation.

3-03 to 3-07 Dr Foster market share data has a lag of two months therefore data reported is December 2010. Whilst market share has remained steady in Surrey, there has been a slight growth in the cluster areas of Woking & West Byfleet, and Feltham & Bedfont. Market share for Berkshire East has also experienced a significant increase of 4.5% in this month. Berkshire East is not currently highlighted on the scorecard metrics but will be included as a separate item in 2011/12.

3-08 Utilisation of the day surgery unit at Ashford remains high due to the success of a number of specialties converting work to day case or 23 hour surgery. These opportunities will be developed further in 2011/12.

3-09 Outpatient work carried out at Ashford remains just slightly below the target, and in line with previous months performance.

3-10 Outpatient work conducted outside the Trust remains just slightly below the target, and in line with previous months performance. Work is ongoing to include within the scorecard baseline the activity carried out in the community for other providers, such as PIMS and Cobham Day Surgery.

3-12 The number of escalation beds open at SPH is significantly higher this month, illustrating the extent of the Winter pressures which peaked in February. During March the Trust expects to start closing the majority of the escalation beds.

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

4-01 FRR at month 11 and forecast full year FRR both continue at 3.6 (rounding to a rating of 4).

4-03 EBITDA has fallen £1.8m short of budget due primarily to the NHS Surrey cap on income plus additional staff cost which largely relates to the 60 escalation beds open during the month. Year to date EBITDA margin is 7.4% versus a budgeted 8.4%.

4-04 Surplus continues on track due to offsetting depreciation and PDC dividend savings.

4-06 Cash balances are £13m but this is expected to increase to £18m in March as NHS Surrey has now paid up to the value of the capped contract.

4-07 Capital spend has increased to £7.3m and we now forecast a year end outturn of £9.7m versus the budget of £11.0m. £1.3m underspend has been carried forward to the proposed 2011/12 capital programme.