

TRUST BOARD
26th April 2012

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 David Fluck, Interim Medical Director
Date:	20th April 2012
Decision:	For Noting

BALANCED SCORECARD

Position as at: **31 Mar 2012**

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.

2. To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust.

	Patient Safety & Quality	Outturn 10/11	Annual Target 11/12	Annual Forecast 11/12	Mar Actual	Performance			YTD 11/12
						Jan	Feb	Mar	
1-01	Standardised mortality (Relative Risk)*	90.7*	82	92	99.1	▲	▼	▼	99.2*
1-02	Crude mortality	1.60%	1.60%	1.60%	1.94%	▼	▲	▼	1.65%
1-03	MRSA (Hospital only)	5	4	2	0	◀▶	◀▶	◀▶	2
1-04	C.Diff (Hospital only)	36	33	20	2	◀▶	▲	▼	19
1-05	Mortality from C.Diff (Hospital Acquired)	10.3%	6.3%	8.5%	0.0%	◀▶	◀▶	▼	12.1%
1-06	Mortality from VTE	0.4%	0.35%	0.4%	0.0%	◀▶	◀▶	◀▶	0.0%
1-07	Mortality from Hip fractures	4.8%	4.6%	6.7%	3.1%	▼	▼	▲	6.4%
1-08	National Patient Survey>Avg responses	! New	>3	Annual measure					
1-09	Patient Satisfaction (NetPromoter Score)			59%	55%	▲	▼	▼	
1-10	Formal complaints	360	320	471	50	▼	▼	▼	495
1-11	SUIs	14	14	33	7	▼	▼	▼	41
1-12	Falls - resulting in significant injury (grade 3)	16	14	10	4	▼	▲	▼	13
1-13	Hip fractures treated within 36 hrs	93.0%	85%	95%	94%	◀▶	▼	▲	95%
1-14	Summated Adverse Report Index (SARI)	1,799	1,552	1737	194	▲	▼	▼	1,793
1-15	Average Bed Occupancy-Actual beds	94%	94%	96%	92%	▲	▲	▲	96%
1-16	Average Bed Occupancy-Planned beds				101%	▼	▲	▲	

	Workforce	Outturn 10/11	Annual Target 11/12	Annual Forecast 11/12	Mar Actual	Performance			YTD 11/12
						Jan	Feb	Mar	
2-01	Establishment (WTE)	3295	3228	3252	3266	▲	▲	◀▶	3266
2-02	Establishment growth (WTE)	NEW	44	51	0	◀▶	◀▶	◀▶	64
2-03	CIPs reduction (WTE)	NEW	111	101	0	▲	◀▶	◀▶	100
2-04	CIPs Reduction from WTE (Pay)	NEW	£3,074k	£2,540k	£311k	▲	▲	▲	£2,622
2-05	Vacancies (WTE)	8.8%	<10%	<10%	9.6%	▲	▲	▼	9.6%
2-06	Agency Staff use (WTE)	44	<40	<40	73	◀▶	▼	▼	40
2-07	Bank staff use (WTE)	290	<305	<305	278	▼	▲	▲	258
2-08	Staff turnover rate	12.7%	<12%	<12%	14.0%	◀▶	▲	▼	14.0%
2-09	Stability	89.6%	>88%	>88	85.0%	▼	▼	▼	85.0%
2-10	Sickness absence	2.9%	<3.25%	<3.25%	3.1%	◀▶	▲	▼	2.99%
2-11	Staff Appraisals	92.0%	100%	100.0%	94.2%	▲	▲	▲	94.2%
2-12	Consultants WTE:bed ratio	0.35:1	<0.39:1	<0.38:1	0.43:1	▲	▼	◀▶	0.43:1
2-13	Nurses WTE:bed ratio	1.95:1	<1.99:1	<1.99:1	1.91:1	▲	▲	▲	1.91:1
2-14	Staff Satisfaction	>50% top 20	>50% top 20	>50% top 20	0%	◀▶	◀▶	▼	0%
2-15	Staff in leadership programmes	NEW	600	600	5	▼	▼	▼	451
2-16	EQUIP Trained	46	250	100	0	▼	◀▶	◀▶	70
2-17	Statutory and Mandatory Staff Training	NEW	70%	70.0%	73.0%	▲	▲	▲	73%

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.

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

	Clinical Strategy	Outturn 10/11	Annual Target 11/12	Annual Forecast 11/12	Mar Actual	Performance			YTD 11/12
						Jan	Feb	Mar	
3-01	Decrease Emergency Admissions (to 08/09 baseline)	25,678	23,077	23,244	1,802	▼	▲	▲	22,604
3-02	GP Referrals - increase elective activity	92,523	98,833	90,336	8,036	▲	▲	▲	90,864
3-03	% Day Surgery undertaken at Ashford	67.4%	70.0%	67.0%	65.8%	▼	▼	▲	66.5%
3-04	% OP undertaken at Ashford	33.0%	34.5%	33.0%	30.2%	▼	▼	▲	29.8%
3-05	% OP undertaken outside Trust	6.0%	7.0%	6.0%	4.3%	▲	▲	▼	5.1%
3-08	Readmissions within 30 days - Elective***	3.1%	0.6%	2.9%	2.7%	▲	▲	▲	2.6%
3-09	Readmissions within 30 days - Emergency***	15.0%	11.00%	14.0%	12.8%	▼	▲	▲	12.6%
3-10	Readmissions from Nursing Homes***	5.2%	3.70%	4.0%	6.0%	▼	▲	▲	5.7%
3-11	Overall Market Share Surrey PCT*	26%	>26%	25%	25%	▲	▲	◀▶	25%
3-12	Local Market Share - Hounslow*	8%	>9%	8%	8%	▲	▼	◀▶	9.0%
3-13	Local Market Share - Berkshire East*	12%	>12%	12%	12%	◀▶	▼	◀▶	12.0%

	Finance & Efficiency	Outturn 10/11	Annual Target 11/12	Annual Forecast 11/12	Mar Actual	Performance			YTD 11/12
						Jan	Feb	Mar	
4-01	Monitor Financial Risk Rating	4	3	3	3	▼	▼	▼	3
4-02	Total income excluding interest (£000)	£224,559	£219,581	£224,840	£21,881	▲	▲	▲	£227,230
4-03	EBITDA actual (£000)	£16,703	£17,419	£14,679	£1,534	▼	▼	▼	£14,435
4-04	I&E net operational surplus (£000)	£3,314	£2,100	£1,035	£778	▼	▼	▼	£1,039
4-05	CIP Savings achieved (£000)	£9,014	£12,000	£10,905	£901	▼	▼	▼	£10,805
4-06	Month end cash balance (£000)	£18,656	£15,529	£14,529	£3,120	▼	▼	▲	£16,083
4-07	Capital Expenditure Purchased (£000)	£9,158	£14,144	£11,881	£1,693	▼	▼	▼	£11,550
4-08	Average LOS Elective	2.95	2.95	3.00	2.86	▲	▼	▲	3.10
4-09	Average LOS NonElective	4.90	4.80	5.00	5.43	▲	▼	▲	5.4
4-10	Outpatients Did Not Attend	10.6%	9.1%	8.9%	6.6%	▲	▼	▲	8.5%
4-11	Day Case Rate (whole Trust)	82.9%	84%	83.0%	81.4%	▲	▼	▲	81.2%
4-12	Theatre Utilisation	86.8%	80.0%	82.0%	83.5%	▼	▲	▲	80.8%
4-13	Non-Elective Cap								
4-14	Readmissions penalty								To be confirmed by NHS Surrey

*Source from January Dr Foster

** Actual January 2012 YTD January 2011/12

*** Re-Admissions targets have now been changed to:

Elective: 80% reduction on last year

Non-Elective: 25% reduction on last year

Readmissions from Nursing Home: 30% reduction on last year

Trust Balanced Scorecard - March 2012

Commentary on Patient safety and Quality & Clinical Strategy - *David Fluck, Interim Medical Director*

The Crude Mortality Rate has increased from 1.78% in February to 1.94% in March, suggesting a flat mortality rate from December and a year end crude mortality rate which has not changed greatly from last year (1.66% against 1.60%). The HSMR finishes the year at 99.2 but this will undergo a benchmarking process and Dr Foster has informed me that this will rise to 110. This is being driven by our palliative care coding which is nationally one of the lowest at 5 against a mean of 100. This is being investigated. Looking at table 2.1, the increase in crude mortality rate reflects an increase in crude mortality within Medicine whereas other specialties have remained static.

The mortality from hip fractures has settled to 3.1% (with an end of year rate of 6.4%) with the proportion operated on within 36 hours rising back to 94%. There was a rise in the number of significant falls with injury which finished at a similar level to last year.

Emergency admissions were again lower this month 1802 from 1853 – in keeping with our drive to meet the emergency cap which we achieved at end of year – although the complexity of these patients appears to be greater than last year. In addition the GP elective referrals are lower than planned for the year: 90 864 rather than the ambitious 98 833, with market share being maintained. This suggests that some of the demand management strategies in primary care are working. The LOS fell marginally from 5.52 to 5.43 for emergency patients with bed occupancy rates improving slightly.

Trust Balanced Scorecard - March 2012

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

2-01/02 At 31 March 2012, the establishment **remained at** 3266 WTE. The forecast for 31 March 2012 was to achieve 3252 WTE, a net reduction of 29 WTE from the establishment of 3295 at 1 April 2011.

2-03/04 During the year a reduction of 100 WTE has been achieved; funded growth was 64 WTE. Adjustments in year of 5 WTE for externally funded therapy student posts, and a reinstated CIP of 8.97 WTE in Medicine have reduced the net reduction to 29 WTE for the year. The financial saving from the WTE linked CIPs for the year has been confirmed as £2,662k, achieving the forecast of £2,540k.

2-05 The vacancy rate **increased slightly** from 9.5% to 9.6% at the end of March, within target for the year.

2-06 The use of agency staff **increased** by 3 WTE in March, above target for the month. At year end the average monthly use for the past 12 months was within target.

- Medical agency **decreased** by 1.9 WTE to 19.1 WTE,
- Allied Health Professionals **decreased** by 1.0 WTE to 0.8 WTE,
- Admin & clerical staff **decreased** by 0.5 WTE to 0.6 WTE,
- Qualified Nursing agency **increased** by 4.9 WTE to 31.1 WTE.
- Unqualified Nursing agency **increased** by 1.9 WTE to 21.9 WTE

In March the level of nursing & HCA agency use increased to 53 WTE, however in April due to a combination of new starters filling vacancies (34 new nurses/HCA's joined trust from February to March), and increased weekly controls, this has reduced (to average 44 WTE in month to date).

2-07 The use of bank staff **increased** by 5 WTE, remaining within target for the

2-08 Turnover (number of leavers during previous 12 months expressed as percentage of the workforce) **increased** to 14%, remaining above the target of 12% since August 2011. The number of staff retiring increased from 3 in February to 21 in March, with retirements accounting for 40% of leavers.

2-09 Stability (percentage of the workforce with more than one year's service) has **decreased** to 85%, below target.

2-10 The sickness rate **decreased** to 3.14% in February, with the year to date average below the target of 3.25%.

2-11 The number of staff recorded as having an appraisal **increased** to 94.2%, highest for the year and higher than the outturn for 2011/12.

2-12/2-13 The ratio of consultants per bed **stayed the same**, remaining above target. The ratio for qualified nurses per bed **increased** remaining within target.

2-14 The Trust achieved a response rate of 63.6% in the national Staff Survey. This represents the highest response rate from acute Trusts using the Picker Institute. The survey results indicate that the Trust has not achieved the target to have more than 50% of scores above average. Listen, plan, act sessions will be held with staff to focus on what improvements can be made in both immediate and longer term. A separate paper will be considered by the Board at the April 2012 meeting.

2-15 Numbers have **not increased** significantly for leadership programmes this month due to the continued focus on mandatory training. 451 staff have undertaken a leadership programme during the year.

2-16 Equip Bronze Training did not take place in March and this indicator has not achieved the revised target of 100 at year end, although has increased the numbers trained from the previous year. The training will be incorporated with leadership training in 2012/13.

2-17 The mandatory training compliance rate **increased** to 73%, higher than the target of 70% by 31 March 2012, and this has increased to 75% by 18 April 2012. Action plans are in place to address the outstanding 25% to achieve full compliance by 31 July 2012.

Trust Balanced Scorecard - March 2012

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

Please note that Month 12 financial figures are provisional, but not expected to change materially as a result of the year end exercise.

4-01 The full year FRR was 3, in line with our plan, although based on an underlying FRR of 2.8.

4-02 Income performed strongly in March, bringing full year income to £227m, 1% up on the previous year.

4-03 / 4-04 EBITDA was £2.7m down on plan at £14.7m and surplus £1.1m down at £1.0m - although both were in line with the revised forecast. Operational pressures, CIP shortfall and non pay overspends all contributed to the reduced financial performance.

4-06 Cash balances of £16.1m were healthy.

4-08 Elective ALOS has decreased compared to last month however remains steady. Activity levels for Elective Inpatient activity have increased significantly this month.

4-09 Non- Elective ALOS has also decreased, although the full year average of 5.4 days is 0.6 days longer than planned....a major driver of operational and financial pressures.

4-10 Outpatient DNA rates continue to decrease, hitting 6.6% in the month. This brings the full year figure to 8.5% - a major improvement on last year's 10.6%.

4-12 Theatre Utilisation continues to stay at a consistent level. The Excellence in Theatres project has increased efficiencies by improving operational TCI processes, creating standard operating procedures for list bookings and cancellations and also by improving communications between booking, Surgeons and the Division.

	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-hospital 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 speciality 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 (Hospital 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 breaches of Hip fractures not treated within 36hrs)
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 95 th 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 10/11 outturn=25,678			Total deceased/Total admitted
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 specialities: 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 specialities: 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 specialities: Breast Surgery, Colorectal Surgery, ENT, General Surgery, Maxillo-Facial Surgery, Trauma & Orthopaedics, Upper GI Surgery, Urology and Vascular Surgery.	

	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 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
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
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 speciality 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 specialities	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 specialities	Total outpatient appointments.	Total outpatient appointments taking place at the trust, both ASH and SPH.
	Workforce	Annual Threshold 11/12	Descriptions	Denominator:	Numerator:
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:
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				