

TRUST BOARD
28th June 2012

TITLE	Trust Balanced Scorecard
SUMMARY	<p>This paper sets out the key indicators by which the Trust is measuring its performance within 2012/13. The key issues in the commentary reflect the underlying objectives of the Trust which are to improve the emergency care pathway and ensure that the financial plan is met.</p> <p>During May ASPH achieved all the key Monitor targets within the Compliance Framework including the four hour emergency access standard, though at the end of May this target is still rated as red.</p> <p>The bottom line financial performance in May was good with the surplus being delivered. However this was due to additional income with costs for pay and non-pay remaining above plan.</p>
BOARD ASSURANCE (Risk) / IMPLICATIONS	This paper highlights a number of risks and the management of these.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	None identified
EQUALITY AND DIVERSITY ISSUES	None identified
LEGAL ISSUES	None identified
The Trust Board is asked to:	Note the report
Submitted by:	Simon Marshall, Director of Finance and Information
Date:	22 nd June 2012
Decision:	For Noting

TRUST BOARD
28th June 2012

Trust Balanced Scorecard - Commentary

As with the previous month the Trust's underlying internal objectives for 2012/13 remain as:

- Ensure the emergency pathway is improved to ensure an efficient flow of patients and as a result meets all national targets
- Ensure the financial plan is met.

In May, the Trust met both these core objectives with the emergency access target being 96.6% and a slightly larger than planned surplus being delivered.

The HSMR mortality rate has increased to over 100; this is a cause for concern. The weekly clinical effectiveness meetings have begun which review mortality and Length of Stay (LoS). Departments have been risk assessed and specialities are being reviewed in priority order. In line with the ECSIT recommendations the crude mortality rates will also be reviewed. The palliative care team is undertaking work to improve the palliative care pathway and provide greater choice over place to die.

During May the rate of complaints increased to 0.55%, though the Trust remains below the target number year to date. Detailed analysis across each ward and speciality continues with specific objectives being undertaken to reduce complaints.

Three cases of C-diff in May brings our total year to date to six. This is in line with the previous year's monthly profile. The forecast for the year-end is still that the Trust will not exceed the target. The root cause analysis of the six cases indicates that none of the cases were preventable by actions within the Trust. The Trust is discussing whether one of the six cases should be attributed to the community.

During May ASPH achieved all the key Monitor targets within the Compliance Framework including the four hour emergency access standard, though at the end of May this target is still rated as red. Whilst achieving the target in May performance remained mixed with the target being achieved in some weeks and not others, though overall the Trust is above the agreed performance improvement trajectory. The work to ensure consistent performance is continuing in line with the plan. If performance continues along this trajectory the Trust will deliver against this standard for Q1 as a whole and at the end of May the YTD performance was 94.9%, but by the middle of June performance was just over target at 95.2%. Delivery against this target remains a key risk.

The Trust is continuing to implement the ambulatory care pathways. The implementation of a further twelve is being progressed and the target set in the scorecard should be achieved.

Performance against contracted activity in May was very strong with all major activity lines over performing against the contract. Day case and elective activity was 5.6% and 6.1% above plan year to date respectively. This additional activity is predominately in Orthopaedics and endoscopy which is both being driven by additional GP referrals. Emergency activity was 5.8% above plan, though activity was in line with the previous May. The Trust has not yet seen the effect of the QIPP programmes, though the main programmes are expected to impact from Quarter 2. A&E attendances were 7.2% above plan.

Market share performance remains strong in our two key target specialities of Vascular and Bariatrics. Work is continuing to market the services of the hospital with a focus on delivering increased births to support the Midwifery Led Unit (MLU), increasing the usage of Ashford Hospital by the Hounslow GPs and working to implement an "Advice & Guidance" service through the Choose and Book system. This has been well received by the lead GPs.

The Trust is on plan to deliver its Q1 CQUIN objectives. The CQUIN targets are becoming increasing difficult to achieve and therefore a prudent assessment of 75% achievement has been forecast within the scorecard. Executive leadership of the project, with PMO support, is focused on delivering the objectives.

The bottom line financial performance in May was good with the surplus being delivered. However this was due to additional income with costs for pay and non-pay remaining above plan. The CIP programme was not fully delivered with the year-end forecast being a £10.8m against at target of £12m.

By the end of May the establishment had decreased to 3279 WTE. This was the result of a reduction of 7 WTE CIPs in addition to the 97 WTE planned for 2012/13 (increasing the planned reduction to 104 WTE for the year) and giving a net reduction of 62 WTE. The current forecast of 3257 staff to be in post at the end of March 2013 remains. Agency usage declined, though remains above plan, with both Medical and Nursing agency down slightly by 8 WTE from April. The continued focus on mandatory training has shown positive results with 84% of staff now having completed all their mandatory training. The Trust remains on plan to meet the 98% target by the end of July. The appraisal rate dropped slightly in May by 1.6% which will now receive increased focus not only on the amount undertaken but also the quality of them.

All other core HR metrics remain within target

Trust Balanced Scorecard - May 2012

1. To achieve the highest possible quality of care and treatment for our patients

	Patient Safety & Quality	Annual Target 12/13	Annual Forecast 12/13	May Actual	Performance			YTD 12/13
					Apr	May	June	
1-01	Summary Hospital-level Mortality Indicator (SHMI)*	<100	<100	89.81	-	▲		95.7
1-02	HSMR**	<100	<100	104	-	▼		100
1-03	Crude mortality (Excluding readmissions)	1.6	-	1.56%	-	▲		1.71%
1-04	Mortality UTI as Primary Diagnosis (SHMI)***	<100	TBC	131.6%	-	◀		131.6%
1-05	Mortality from Hip fractures (SHMI)***	<90	-	77.8	-	◀		70.21
1-06	MRSA (Hospital only)	1	-	0	-	▲		1
1-07	C.Diff (Hospital only)	20	-	3	-	◀		6
1-08	Stroke Patients (90% of stay on Stroke Unit)	80.0%	80.0%	89.7%	-	▲		88.0%
1-09	VTE (hospital acquired with PE or DVT)	14	-	0	-	▲		2
1-10	Serious Incidents Requiring Investigation (SIRI)	50	-	1	-	▲		13
1-11	SIRI Grade 2 (proportion of total SIRI)	0.0%	-	0.0%	-	▲		23%
1-12	Falls (Total Number)	462	-	49	-	▼		90
1-13	Falls - resulting in significant injury (grade 3)	<15	TBC	0	-	◀		0
1-14	Average Bed Occupancy (inc escalation)	92.0%	TBC	87.4%	-	▼		87.7%
1-15	Patient Moves (ward changes >=3)	<5%	5.0%	8.3%	-	▼		8.6%
1-16	Patient Satisfaction (NetPromoter Score)	65%	-	63%	-	▲		60%
1-17	Formal complaints (Total Number)	<500	-	44	-	▼		78
1-18	Formal complaints (rate per discharge - IP only)	10% reduction	-	0.55%	-	▼		0.55%

* Taken from Dr Foster, Month actual is Q2 2011 and YTD is Oct 2010 - Sept 2011

** Taken from Dr Foster, last available month is March 2012, YTD is 2011/12

*** Taken from Dr Foster, reporting period Oct 2010 - Sept 2011

3. To deliver the Trust's clinical strategy of joined up healthcare

	Clinical Strategy	Annual Target 12/13	Annual Forecast 12/13	May Actual	Performance			YTD 12/13
					Apr	May	June	
3-01	Attendances at RAC	844	-	57	-	▼		123
3-02	Admissions from Nursing Homes (emergency adm)	5.3%	-	7.2%	-	▼		5.70%
3-03	Trust 4Hr Target	95.0%	95.0%	96.6%	-	▲		94.9%
3-04	Emergency Conversion Rate	23.8%	-	23.8%	-	▼		24.0%
3-05	Ambulatory Care Pathways	30.0%	TBC	28%	-	▲		25%
3-06	Readmissions within 30 days - Elective	3.15%	TBC	3.00%	-	▲		2.70%
3-07	Readmissions within 30 days - Emergency	12.60%	TBC	14.30%	-	▲		12.80%
3-08	Discharge Rate at weekends	23.9%	-	19.2%	-	▼		19.5%
3-09	Day Surgery Rate (BADs procedures)	85%	85%	84.6%	-	▲		83.8%
3-10	Overall Elective Market Share	>66%	-	65.6%	-	◀		65.4%
3-11	Overall Elective Market Share (Bariatric)	14%	-	33.3%	-	▲		26.5%
3-12	Overall Elective Market Share (Vascular)	35%	-	50.2%	-	▲		46.5%
3-13	R&D	TBC	TBC	TBC	-	-		TBC
3-14	Elective Activity (Spells)	34,417	-	3013	-	▲		5710
3-15	Emergency Activity (Spells)	37,644	-	3718	-	▲		6766
3-16	Outpatient Activity (Attendances)	355,914	-	33815	-	▲		61110

2. To recruit, retain and develop a high performing workforce

	Workforce	Annual Target 12/13	Annual Forecast 12/13	May Actual	Performance			YTD 12/13
					Apr	May	June	
2-01	Establishment (WTE)	3264 *	3264 *	3279	▲	▲		3279
2-02	Establishment (£Pay)	£139,394k	£139,394k	£11,743k	▲	▼		£23,426k
2-03	Establishment growth (WTE)	42	42	0	◀	◀		0
2-04	Establishment growth (£Pay)	TBC	TBC	0	-	◀		0
2-05	Establishment Reduction (WTE)	104	104	7	▲	▲		40
2-06	Establishment Reduction (£Pay)**	£2,902k	£2,902k	£364k	-	▲		£724k
2-07	Agency Staff use (WTE)	<45	<45	62	▲	▲		64
2-08	Agency Staff (Pay)	£5,047k	£5,047k	£811k	▲	▼		£1,309k
2-09	Bank Staff use (WTE)	<280	<280	236	◀	▲		247
2-10	Bank Staff (Pay)	£10,937k	£10,937k	£769k	▲	▲		£1,658k
2-11	Vacancy Rate (%)	<10%	<10%	10.7%	▼	◀		10.7%
2-12	Staff turnover rate	<13%	<13%	13.8%	▲	▼		13.8%
2-13	Stability	>85%	>85%	85.1%	▲	▼		85.1%
2-14	Sickness absence	<3.0%	<3.0%	3.00%	▲	▼		2.99%
2-15	Staff Appraisals	98%	98%	90.0%	▼	▼		90.0%
2-16	Statutory and Mandatory Staff Training	98%	98%	84%	▲	▲		84%

* Establishment forecast will be updated at the end of quarter 1

** Pay expenditure linked to WTE reductions in establishment

4. To ensure the financial sustainability of the Trust through business growth and efficiency gains

	Finance & Efficiency	Annual Target 12/13	Annual Forecast 12/13	May Actual	Performance			YTD 12/13
					Apr	May	June	
4-01	Monitor Financial Risk Rating	£3	3	4	-	▲		4
4-02	Total income excluding interest (£000)	£226,536	£232,185	£20,616	-	▲		£38,897
4-03	EBITDA actual (£000)	£17,020	£17,031	£2,490	-	▲		£3,349
4-04	I&E net operational surplus (£000)	£3,300	£3,300	£1,424	-	▲		£1,216
4-05	CIP Savings achieved (£000)	£12,000	£10,828	£678	-	▼		£1,281
4-06	QQUINs	£4,236	£3,750	£313	-	◀		£625
4-07	Month end cash balance (£000)	£12,560	£12,560	£17,713	-	▲		£17,713
4-08	Capital Expenditure Purchased (£000)	£11,748	£11,748	£468	-	▲		£608
4-09	Contract Penalties	£0	£200k	£0	-			£0
4-10	Business Rules (2 month in arrears)	£2m	£1.5m	-	-			-
4-11	Readmission Costs	£3.7m	£3.7m	£315k	-			£315k
4-12	Average LoS Elective*	3.32	-	3.74	-	◀		3.73
4-13	Average LoS Non-Elective*	6.99	-	7.40	-	▲		7.80
4-14	Outpatients DNA	<=6%	-	8.74	-	▲		7.28
4-15	Daycase Rate (whole Trust)	84%	-	80.2%	-	▼		81.1%
4-16	Theatre Utilisation	>=85%	-	85.2%	-	▲		84.8%

* Average LOS figures have now been calculated using the same methodology applied to the calculations for the Real time contract.

Delivering or exceeding Target		Improvement on previous Month	▲
Underachieving Target		No change to previous month	◀
Failing Target		Deterioration on previous month	▼